Pioneer Trails 4-H Camp Group

4-H CAMP MEDICATION POLICY

To be filled out in full by ALL campers PRIOR to attending camp.

1. **All prescription** medications must be turned in to camp nurse and must be dispensed by camp nurse.
2. The medication must be in **original, completely labeled container**, **bearing the pharmacy label.**
3. A parent/guardian must complete and sign this permission form before the camp nurse will give the medication.
4. All medications will be kept at the nurse's station.
5. It may be necessary to administer over-the-counter medications for incidents that occur at camp, such as scrapes, bug bites, poison ivy, diarrhea, nausea, headache and discomfort that goes along with the above ailments. We need your permission to give medications if your child needs them.
6. Inform the office if any medical information has changed on the KS 4-H Participation form filled out when you enrolled.

Camper's Name: _____

Parent or Guardian: _____

Phone: Home (__)_____ Office (__)_____ Cell (__)_____

Home Address: _____

Medication	**Reason for Medication**	**Dose Amount**	**Frequency/Time**				**Comments:**
			M	**L**	**D**	**B**	
Ex.: Zyrtec	*Allergies*	*5 mg*			*X*		*On a full stomach*

M=morning L=lunch D=dinner B=bedtime

Allergies: _____

I grant permission and request the camp nurse at Rock Springs 4-H Center to administer the prescription medication listed above and/or over-the-counter medication checked below to my child according to instructions.

_____ Acetaminophen (generic Tylenol)
_____ Ibuprofen (generic Motrin)
_____ Swimmers ear drops
_____ Loperamide (generic Imodium)
_____ Loratadine (generic Claritin)
_____ Antihistamine (generic Benadryl)
_____ Antacid (generic Tums, Mylanta,etc)
_____ Bismuth subsalicylate (generic Pepto Bismol or Kaopectate)
_____ Burn cream/spray
_____ Other (examples include… calamine lotion, Antibiotic ointment, Cortisol cream, Sunburn lotion, etc.)

OR

_____ **Please contact me for permission to administer any over-the-counter medication if my child has health complaints.**

Parent/Guardian Signature: _____ Date: _____

Extension offices - Please print this form, single-sided on *bright orange* paper, if available. Revised: Dec 2018