

TOWN OF LEWISBORO

Parks & Recreation Department

Summer Day Camp Program Medication Permission Form

Dear Parent/Guardian,

New York State Board of Health regulations require that campers who need medication during camp hours provide the Health Director (Camp Nurse/EMT) with the information contained in this packet. By law, camp personnel cannot dispense internal medications, such as aspirin, to the children unless they are a NYS licensed physician, nurse practitioner, physician assistant, or registered nurse.

When necessary for a child to take internal medication during camp hours, the camp Health Director (Camp Nurse/EMT) may supervise the child in administering their own medication with permission from the parents **and** written instructions from the physician. If your child needs to take medication during camp hours, you **and** the physician **MUST** complete the correct form and bring it to camp, with the medication, the first day your child attends camp.

PLEASE NOTE

- Any camper/staff member needing to take/possess medication during the camp day must submit a completed "Medication Permission Form."
- Please use the Town of Lewisboro medical forms. School forms are **not** valid. You **and** your child's prescribing doctor must sign this form.
- There are two (2) forms - one (1) for Medications and Self Administration and one (1) for Epi Pen/inhalers.
- Permission is needed for OTC medications (ie: Benadryl)
- All medication must be current and in its **original package or prescription bottle**.
- Bring all medications and completed forms on the **first** day your child attends camp. Campers will not be able to participate in camp without the appropriate form on file. If needed, Camp Directors can withdraw campers from groups without medical forms.
- All medicine should be provided in the following manner:
 - Placed in a Ziploc bag in its original container
 - Include child's name and photograph
 - If your child is to carry their own medication, please make sure it is clearly labeled and easily accessible
- Medication should be picked up on the camper's last day of camp. After camp ends, all medications can be picked up at the Parks & Recreation office. All medicines not picked up will be discarded after September 1st.

Thank you! We look forward to a safe and healthy summer with your camper. 😊

Katie Coluccini
Recreation Leader/Camp Operator
Lewisboro Parks & Recreation Department

PERMISSION FOR MEDICATION & SELF ADMINISTRATION

As outlined in the Children's Camps Safety Plan Guide, Section IV Part C - Medication must be self-administered.

Camper's Name: _____ DOB: _____

Full address: _____

Camp Attending: Little Explorers Main Event Teen Treks

Parent's Name: _____ Cell: _____

Parent's Name: _____ Cell: _____

Emergency Contact (other than a parent): _____

Relation: _____ Cell: _____

MEDICAL INFORMATION

Physician Name: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

MEDICATION	DOSAGE	WHEN TO ADMINISTER

All medication must be in its original container with original prescription label and have a current date of expiration.

Additional Information (side effects, special considerations, etc.):

I request that my child's prescription medication be securely stored in the camp office under the supervision of the camp staff. I certify that my child has been instructed and is capable of proper self-administration of the medication.

I request that my child be permitted to carry their prescribed medication at camp. I certify that my child has been instructed and is capable of proper self-administration of the medication. My child has been instructed not to take the medication without a medical designee present. I understand that if my child is using this medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, they will be taken to the camp office immediately and a call to a parent/guardian will be placed. I understand that the Town of Lewisboro Parks & Recreation Department is not responsible for lost, stolen, or improperly discharged medication.

I give permission to the onsite medical designee to seek emergency treatment at a hospital emergency room and to observe the above named camper while self-administering the above mentioned medication(s).

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Signature of Physician

Printed Name of Physician

Date

Physician's Address: _____

PERMISSION FOR PRESCRIPTION EPI-PEN and/or INHALER

Camper's Name: _____ DOB: _____

Full Address: _____

Parent's Name: _____ Cell: _____

Parent's Name: _____ Cell: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

TO BE COMPLETED BY PHYSICIAN OR PRESCRIBED LICENSED HEALTH CARE PROVIDER

All medication must be in original container with original prescription label and have a current date of expiration.

Child's Diagnosis: _____

Medication Name: _____ Dosage: _____ Frequency: _____

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If medication is to be given "when needed," please check indications:

- | | | |
|--|---|--|
| <input type="checkbox"/> Tightness in chest and/or difficulty breathing | <input type="checkbox"/> Itchiness around the mouth | <input type="checkbox"/> Itchiness all over the body |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Severe cough | <input type="checkbox"/> Rash (hives) |
| <input type="checkbox"/> Swelling of lips, tongue, throat and/or around the eyes | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Other: _____ |

Action to be taken: _____

How soon may it be repeated: _____

Additional Information: _____

I request that my child's prescription Epi-Pen/Inhaler be securely stored in the camp office under the supervision of the camp staff. I certify that my child has been instructed and is capable of proper self-administration of the medication.

I request that my child be permitted to carry their prescribed Epi-Pen/Inhaler at camp. I certify that my child has been instructed and is capable of proper self-administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly, or fails to keep it out of reach of other campers, they will be taken to the camp office immediately and a call to the parent/guardian will be placed. I understand that the Town of Lewisboro Parks and Recreation Department is not responsible for lost, stolen, or improperly discharged medication.

I give permission to the onsite medical designee to seek emergency treatment at a hospital emergency room and to observe the above named camper while self-administering the above mentioned medication(s).

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Signature of Physician

Printed Name of Physician

Date