

Brooks School Summer Programs Medication Administration Form

For office use	1	2	3	4	5	6	7	8
BSDC								
LIT								
SS								

Camper's Name: _____

This form must be completed and returned to the camp nurse for any prescription or over-the counter medication that is being brought in from home. All such medications must be kept in the camp health office unless noted below. If your child has an order for an EpiPen, the Food Allergy Emergency Care Plan must also be completed and signed by an MD/NP. Please also note:

- **Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container.**
- **All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.**
- **Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.**
- **When no longer needed, medications shall be returned to a parent or guardian.**

Medication: _____ Dose: _____ Route: _____

Frequency: _____ Camper's current weight: _____

Prescribing Physician Signature: _____ Office: _____

Comments/Directions/Special notes: _____

All LIT's and Summer School student will be responsible to carry their own EpiPen and/or inhaler, unless other arrangements are requested here: _____

For all other campers, inhalers and EpiPens will be kept in the nurse's office unless other arrangements are made with the nurse and noted here: _____

I hereby give permission for authorized camp officials to administer the above medication to my child:

Parent's Signature: _____ Date: _____



Date	Time	RN Initials	Comments	Date	Time	RN Initials	Comments

RN Name _____ RN Signature _____ RN Initials _____