MEDICATION DISPENSING FORM

NOTE: Camp Genesis staff cannot administer medication (prescription or over-the-counter) unless this form is completed and signed.

Prescription Medications: must be signed by a parent or guardian. All prescriptions must be in the original container.

Staff will hold and dispense medication according to physician's instructions or instructions on over-the- counter medication with a written prescription from their doctor. Camp Genesis will retain the medication for the duration of the camp and return any unused medication at the end of the camp. Over-the-counter & Prescription Medications: to be signed only by parent or guardian, however physician information is still necessary.

Please complete this form and send it together with any medicine to ensure that we administer it correctly. All medication MUST be clearly marked with your camper's name and enclosed in Ziplock bags. Please separate section A and B and place each half in the corresponding bag with the meds.

- **Section A** is for medication that has to be administered on a daily basis
- **Section B** is for emergency medication that is necessary to treat an allergic reaction or similar

A: DAILY MEDICATION

Camper's Name: _____ Age: _____

This section is to be completed for all routine medicines/ vitamins that have to be taken on a daily basis. These meds are kept in the health centre and administered by the first aid manager after meals. Please pack all daily meds together in a sealed Ziplock bag with the heading "**DAILY MEDS**" in addition to your **camper's name**.

FOR COMPLETION BY PARENTS								FOR OFFICE USE.		
Name of medicine	**ailment**	**identification of container & units**	**how many units enclosed**	**dosages**			**notes**	units administered	Units to return	notes
				Break-fast	**Lunch**	**Dinner**				
example: concerta	*ADHD*	*pink box of small white pills*	*21 tablets*	*2 tabs*	*0*	*1 tab*	*to be taken after a meal with water*			

☐ **I CERTIFY THIS INFORMATION IS CORRECT** **INITIAL HERE**

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B: ALLERGY/ ASTHMA/ EMERGENCY MEDICATION

Camper's Name: _____ Age: _____

For medication needed to treat your camper in the event of an allergic reaction/ asthma attack or similar

Two separate containers of every emergency medication must be sent to camp. One will be kept in the health centre, the other in your camper's day bag for emergency use.

Please pack each container (or set of containers for multiple meds) in separate Ziplock bags. Please pack this form in one bag marked “Emergency Meds: Health Centre” with your camper's name. Please mark the other bag as “Emergency meds: Day Bag” with your child's name. Your camper will be given a wrist band to wear to notify staff to check that he is carrying his emergency meds in his day bag.

FOR COMPLETION BY PARENTS						FOR OFFICE USE.		
type of allergy	**Name of medicine**	**number of containers (min 2)**	**identification of container and no. units in each**	**Rate ***	**Dosage directions/ notes on further treatment**	units administered	Units to return	notes
eg: mild asthma brought on by stress or dust	*venteze pump*	*2 pumps*	*white and blue spray bottle each containing a min of 20 sprays*	*2*	*One spray in each nostril if child starts to wheeze. Repeat as often as necessary but not more than 3 per day.*			

**** Rate:** Please rate the seriousness of the allergy where 1 = mild reaction, speed is not of the essence. 10 = life threatening allergy, where speed and treatment are crucial and medical care should be on standby.*

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WE WILL NOT ADMINISTER ANY MEDICATION WITHOUT THIS COMPLETED FORM.

Parent/Guardian Signature: Date:

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