

2025 ORANGETOWN DAY CAMP
MEDICATION ADMINISTRATION FORM

Submit via email to recreation@oranjtown.com or Fax to 845-359-6991

DATE _____

TO BE COMPLETED BY THE PARENT/GUARDIAN OF THE CAMPER:

I request that my child _____ receive the **prescription and/or over the counter medication(s)** as listed below by our licensed Health Care Provider. Any medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the **ORANGETOWN DAY CAMP FIRST AID ATTENDANT**, will administer the medication. Further, I understand that it is **required that a picture of my child be attached to this form** for quick recognition as well as for identification purposes if my child requires transport to a local health facility.

X

Parent/Guardian Signature

Date

Cell Phone #

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

I request that my patient, as listed below, receive the following medication(s) while attending Orangetown Day Camp:

NAME _____ **Condition(s) being treated** _____

MEDICATION	DOSAGE	WHEN TO ADMINISTER AT CAMP (if only given at home, please write N/A)

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

X

Prescriber's Signature

Date

Doctor's Stamp / Address / Tel#

TO BE COMPLETED FOR SELF-MEDICATION of Epi Pen or Inhaler Only:

_____, has been instructed in the proper use of above medication procedure and is permitted to carry the medication on his/her person for self-administration. This child is aware of the proper dosage, route of administration, appropriate time to administer as well as signs or symptoms that indicate appropriate time to use.

X _____ Signature (Parent/Guardian) _____ Date

X _____ Prescriber's Signature _____ Date

**COMPLETED MEDICAL FORMS WITH A PHOTO OF YOUR CHILD ARE DUE
NO LATER THAN MAY 16,2025.**

Please submit via email to recreation@oranjtown.com or fax to 845-359-6991

Medication should be picked up on the last day of camp. After camp ends all medicines can be picked up at the Recreation Department. All medicines not picked up will be discarded by September 1st.

All medication should be brought in its original container, in a Ziploc bag marked with the child's full name.