

2024 ORANGETOWN DAY CAMP
MEDICATION ADMINISTRATION FORM

Submit via email to recreation@orangetown.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 medication as prescribed below by our licensed Health Care Prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the **ORANGETOWN DAY CAMP NURSE**, will administer the medication.

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:

NAME _____ Condition being Treated _____

MEDICATION	DOSAGE	WHEN TO ADMINISTER

All medication must be in original container with original prescription label 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 ARE DUE IN OFFICE NO LATER THAN MAY 31, 2024

Please submit via email to recreation@orangetown.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 medicine should be brought in its original container, in a Ziploc bag marked with the child's full name. If child is to carry their own medication, please make sure it is clearly labeled and easily accessible.