



Medication Guidelines

Campers are **NOT** permitted to have medications in their possession on campgrounds **nor** at overnight venue. If a medication needs to be taken during the course of the camp, the **medication must be brought** to the Camp Coordinator or FSI staff in the morning or at registration **by the parent or legal guardian**. **PLEASE DO NOT GIVE YOUR CAMPER HIS PRESCRIBED/OVER-THE-COUNTER MEDICINES for delivery to camp staff.** The camper must come to the designated Administrative camp area or office to have medicine dispensed/supervised by the staff. Records will be kept of all medications administered. With certain medical conditions, such as diabetes, asthma, severe allergies, staff may allow the student to carry the necessary medications (i.e. inhaler) or supplies with a written medication form on file that is signed by the parents and doctor. All medications must be in its original container. **Any** medication(s) not picked up by parent/guardian at the end of the camp will be discarded. Unused medications will not be released to minors under the age of 18.

To safely administer medications during camp hours, the following is required:

Prescription Medications

1. An **Authorization to Administer Prescription Medication** must be filled out and signed by a parent and/or guardian. Separate authorization forms must be received each medication.
2. All prescription must be in its **original container** and labeled by the pharmacist. The label must include:

- a. Camper's Name
- b. Physician's Name
- c. Name of Medication
- d. Exact Dosage of Medication
- e. Date Prescription filled
- f. Expiration Date of Medication

***Please Note:** The dosage and instructions on the Medication Authorization Form **MUST** match the information on the prescription container. **Medications will NOT be given from an envelope or plastic bag.**

Non Prescription (over the counter) Medications

All non-prescription medication (other than Tylenol, Advil, Tums and Benadryl) must be in the original container and be accompanied by a written request for administration. An "Authorization to Administer Prescription Medication" form must be used. **Staff will NOT administer medications that are in plastic bags or other containers.**

The request must include:

- a. Camper's Name
- b. Name of Medication
- c. Amount to be Given
- d. Time(s) to be Given
- e. Reason for Medication to be Given
- f. Length of Time Medication is to be Given

Fellowship Sports, Incorporated

Authorization to administer medication during camp hours

Must complete separate forms for each medication to be dispensed. Medication Guidelines above

Camper Name _____

Date of Birth: _____

Age: _____

Camper Level (please check one)

- Mighty Mites Division
- Junior Division
- Senior Division

Parent/Legal Guardian's Statement

I hereby request that Fellowship Sports Incorporated, through its designated authority, supervise and or assist in the administering of medication to my child, _____, according to the instructions given below. I release Fellowship Sports, Incorporated, its staff or volunteer from liability for administering any authorized medication.

Parent or Legal Guardian's Signature _____ Date: _____

Contact Phone Number _____

Medication Information

Name of Medication/Treatment/Procedure: _____

Exact Dosage: _____ Time (s) to be administered: _____

Reason for Medication: _____

Medication to be given for: (check one)

- Duration of camp (June 17-19, 2016)
- Until Finished
- As needed
- Other: _____ (specify)

Possible side effects: _____

Suggested first aid for side effects: _____

Please Complete IF Applicable

Yes No My child (above) uses an inhaler. He/she has been instructed in the use of inhalers and is able to carry and self-administer the medication(s) when needed.

Yes No My child (above) is **diabetic**. He/she has been instructed in the use of the equipment. He/she is able to self-monitor blood glucose and can recognize the need for treatment or assistance, and administer prescribed medications/treatments.

Yes No My child (above) has severe **allergic condition** which requires the use of an EpiPen. He/she has been instructed in use of the EpiPen and is able to carry and self-administer the medication when needed