

**PINE VALLEY DAY CAMP
CONSENT FOR ADMINISTRATION OF APPROVED OTC MEDICATIONS**

Check
() I give permission for my child _____ to receive the medication(s) indicated below when deemed necessary by the Camp Certified Medical Technician per prescribing healthcare professionals' protocol.

Please check any and all medications you would like to have given to your child, if needed.

- | | |
|---|--|
| () acetaminophen (i.e. Tylenol)
for pain and/or fever | () ibuprofen (i.e. Motrin, Nuprin)
for pain and/or fever |
| () diphenhydramine (i.e. Benadryl)
for itching/mild allergic reactions | () Calamine Lotion or Anti-Itch Lotion |
| () <i>Pepto Bismol (or generic equivalent)</i>
<i>for upset stomach</i> | |

TO PARENTS: Before the day camp, it's agents, employees or representatives, can administer any medication to your child, you are required to sign this agreement for which signifies your desire to have the staff CMT administer medication(s) as indicated, as well as your agreement to relieve the camp, its agents, employees or representatives of any responsibility for ill effects from administering of said approved medication as set forth herein.

I/We therefore authorize and request Pine Valley Swim and Tennis Club d/b/a Pine Valley Day Camp to the administration of the medication(s) prescribed by our physician, and in so doing relieve the camp, its agents, employees or representatives, of any responsibility for ill effects which may result from the administering of said prescribed medication. Parent agrees that your child has taken these medications at least once while under your supervision.

I/We understand that the medications I have indicated will be administered by the Camp CMT. in accordance with established protocols by the Health Supervisor for the Pine Valley Day Camp and the child's prescribing healthcare professional.

(Signature of Parent/ Guardian) _____ (Date) _____

IMPORTANT: Please notify the camp if this camper has been exposed to any communicable disease during the three weeks prior to camp attendance or if exposed while attending camp. (i.e: pneumonia, pink eye, meningitis, flu, chicken pox, measles, etc.)

This form must be kept current.

Medication will only be dispensed if a Physician's Medication Order Form is completed, signed by the child's physician and received by the Assistant Camp Director. Parent agrees at least one dosage of any new medications will be administered at home prior to being administered at camp. Pine Valley must be provided in writing any possible side effects associated with each medication.

(Please see other side.)

-OR-

Check
() I do not want any medications to be given to my child _____ during camp.

Signature Parent/Guardian : _____ Date: _____

**To be determined by physician authorizing treatment if parental permission granted:
(Please specify medication/dose/route you are authorizing.)**

Child's Name: _____

DOB: ____ / ____ / ____

_____ acetaminophen (i.e. Tylenol) *Dose/Route* _____

_____ ibuprofen (i.e. Motrin, Nuprin) *Dose/Route* _____

_____ diphenhydramine (i.e. Benadryl) *Dose/Route* _____

_____ Calamine Lotion or Anti-Itch Lotion *Dose/Route* _____

_____ *Pepto Bismol (or generic equivalent) Dose/Route* _____

Administration (Specify if medication is to be given with water, milk, food, etc.) _____

For medications listed above, list all side effects, which should be observed by camp personnel.

1. _____

2. _____

3. _____

4. _____

5. _____

List any reasons for not giving medication at the prescribed time (vomiting, fever, drowsiness, convulsion, etc.): _____

Drug Allergies: _____

Any specific activities to be restricted? _____

Whenever there is a change in the medication, the parents must have a new form completed by the physician. Pine Valley Day Camps' Camp Director or Camp Administrator can be reached at (410) 668-9888.

Physician's Signature: _____ **Date:** _____

Certified Nurse Practitioner: _____

Registered Physician Assistant: _____

Address: _____ Telephone: _____

**RETURN THIS FORM TO: Pine Valley Swim & Tennis Club 4638 White Marsh Road Baltimore, MD
21237 fax 410-663-3654**