

MEDICATION UPDATE WORKSHEET

It is the policy of the Commission on Camping and Retreats that all and any medication be given to the camp nurse (or other designated health official) at the time of registration. This includes both prescription and nonprescription drugs. It is the responsibility of the nurse or other designated health official to safeguard and dispense all medication. No medication of any kind is to remain in the custody of any camper or volunteer. The only exception to this rule are those drugs which are specifically prescribed by a physician to remain on a person, such as inhalers for asthmatics and bee sting kits.

Medication brought from home is to be accompanied by legibly written instructions for dispensing the drugs, including the signature of the parent and current date [see instructions below]. These instructions are to be given to the nurse at the time of registration. Prescription drugs must be contained in properly labeled medication bottles from a pharmacy. Over-the-counter drugs are to be in the manufacturer's container.

The possession, use or distribution of any alcohol, unregistered drugs, tobacco (smoking or non-smoking) or unregistered inhalant will be just cause for immediate dismissal from camp.

Instructions: The Nurse may use this form to document changes in medication since completion of the original registration form. The parent/guardian is to complete the information requested below. If additional space is needed, feel free to use the reverse side.

Camper's Name: _____
(Last) (First) (Initial)

During the period for which my child is registered to attend activities associated with the Central PA Conference Camping Program, I give permission for the Nurse or designated medical personnel to administer to him/her the following medication brought from home. The medication is to be dispensed in the prescribed dosage as directed.

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>INSTRUCTIONS</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

_____ / ____ / ____
(Signature of parent/guardian) date

_____ / ____ / ____
(Signature of Nurse, or designated medical personnel) date