

Camper Medication Record Form

Camper Name: _____

Allergy Information

	Fill In the Area Below
Allergen:	
Potential Symptoms:	
Is this an anaphylactic allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the participant have an Epi-Pen for this allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Information

In accordance to the Township of Springwater Administration of Prescription and Non-Prescription Medications Policy, under no circumstances are Township of Springwater, Recreation, Parks and Properties Department staff permitted to administer medications to a child. Prescription and non-prescription medications may be administered with parent/guardian authorization. A Request to Administer Medication form must be filled out on the first day of camp and signed by the parent/guardian. Each medication must be in its original container and labeled with the exact dosage to be followed when the medication is given out.

	Fill In the Area Below
Medication Name:	
Dosage:	
Time to Dispense Medication:	
Does the medication require refrigeration?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Fill In the Area Below
Instructions for dispensing medication:	

Legal Guardian Authorization

By signing this Medication Record Form I give my permission to the Township of Springwater Day Camp Staff to handle and deliver the aforementioned medication during his/her time at Camp and release the Township from any claims whatsoever that may arise from the handling or delivering of the aforementioned medication by Township of Springwater Day Camp Staff. I also understand that it is my responsibility to pick up and drop off the aforementioned medication at the specific program site each day. With the exception of an EpiPen, I understand that the Township of Springwater Day Camp Staff cannot physically administer or force medication onto any participant. **This request shall expire when the camper is no longer enrolled in any Township of Springwater Camps.**

Parent/Legal Guardian Signature

Date

