

Easter Seals Camp and Respite Programs Medication Form

Camper Name: _____

Please list all medications the camper is to receive at camp, including 'as needed' medication. Please copy page if needed.

Permission to Administer Medication: I give permission to personnel selected by Easterseals to administer medication to me/my camper as stated below. (Signature should be of parent/guardian if camper is under 18 or if a guardian is the legal power of attorney over camper.)

Signature: _____ **Date:** _____

Medication #1

Medication & Dose	Times Given	_/_	_/_	_/_	_/_	_/_	_/_	_/_

Route (i.e. by mouth, topical, etc.): _____

Addition instructions not given on prescription: _____

Please note any side effects we should be aware of: _____

Note any reason or conditions this medication should not be given: _____

Medication #2

Medication & Dose	Times Given	_/_	_/_	_/_	_/_	_/_	_/_	_/_

Route (i.e. by mouth, topical, etc.): _____

Addition instructions not given on prescription: _____

Please note any side effects we should be aware of: _____

Note any reason or conditions this medication should not be given: _____

Medication #3

Medication & Dose	Times Given	_/_	_/_	_/_	_/_	_/_	_/_	_/_

Route (i.e. by mouth, topical, etc.): _____

Addition instructions not given on prescription: _____

Please note any side effects we should be aware of: _____

Note any reason or conditions this medication should not be given: _____

Medication #4

Medication & Dose	Times Given	_/_	_/_	_/_	_/_	_/_	_/_	_/_

Route (i.e. by mouth, topical, etc.): _____

Addition instructions not given on prescription: _____

Please note any side effects we should be aware of: _____

Note any reason or conditions this medication should not be given: _____

Camp Use Only

Camp Health Staff Signature: _____ Initials: _____

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