

Day Camp Medication Form

This form must be completed in full for all participants. Participant will not be allowed to attend without this form completed.

■ Site Name/Program _____ ParkPASS Course # _____

The Maryland-National Capital Park and Planning Commission's, (M-NCPPC) policies regarding medication needs of participants during program hours are as follows:

- Each medication (i.e. prescription and over-the-counter) to be taken, or medical device (inhaler/Epi-pen) used during program hours requires completion of the physician's authorization section below.
- M-NCPPC staff is not authorized to administer medication. Staff may remind individuals and distribute medication to the participant.
- M-NCPPC staff will accept up to a two-week supply of medication in its original pharmaceutical container that will be verified (counted) with parent/guardian when initially left at camp. Please include an extra day's dosage for overnight trips.
- Parent/guardians are solely responsible for ensuring that an adequate quantity of medication is provided to staff with the physician's written instructions for distribution.
- All medication or medical devices must be stored in a locked storage box provided by M-NCPPC at the site which will accompany participants on the various trips.
- If a participant 18 & under requires immediate access to an Epi-pen or asthma inhaler, the waiver below must be completed and signed by a parent/guardian. This will allow the participant to carry the device.

Participant Address _____

Birth Date(M/D/Y) _____

Participant Name _____

A. PHYSICIAN'S AUTHORIZATION

This section must be completed and signed by physician for every participant who requires any type of medication or medical device during program hours.

<input type="checkbox"/> Name of medication(s) _____		
<input type="checkbox"/> Reason for medication(s) _____	<input type="checkbox"/> Medication dose _____	
<input type="checkbox"/> Special directions for medication _____		
<input type="checkbox"/> When is medication to be taken? _____		
<input type="checkbox"/> Possible medication side effects _____		
<input type="checkbox"/> Physician's signature _____	<input type="checkbox"/> Printed name _____	<input type="checkbox"/> Date _____
<input type="checkbox"/> Physician's address _____	<input type="checkbox"/> Physician's phone number _____	

B. WAIVER ALLOWING PARTICIPANT TO CARRY EPI-PEN/ASTHMA INHALER

This section must be completed, and signed by a parent/guardian for every participant who requires that an Epi-pen and/or asthma inhaler be kept on his/her person while participating in a M-NCPPC activity.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I _____, hereby request that _____ be allowed to keep the appropriate prescribed device on his/her person while participating in all M-NCPPC activities. The prescribed device is _____ Epi-pen _____ asthma inhaler.

I understand that to qualify for this exemption, this child must be capable of safely storing the necessary Epi-pen or asthma inhaler on his/her person (fanny pack or pocket) and using the device appropriately.

C. MEDICATION/RELEASE AUTHORIZATION

I hereby represent and warrant that if the participant is a minor, I am his/her parent/guardian and authorized to provide the release, authorization and waiver contained herein and agree to the M-NCPPC policies as stated above. I agree to release the M-NCPPC and its agents from any and all liability arising as a result of this waiver.

PRINT PARENT/GUARDIAN NAME _____

SIGNATURE _____

DATE _____