

# CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

All prescription medication must be accompanied by a physician's note stating the name of the medication, dosage and time to be given including MD's signature. All prescription medication must be in the original medicine bottle and labeled with the camper's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. All over the counter and prescription medications will be stored in the nurse's office in their original containers and administered by the camp nurse with the exception of Epi-Pens and Inhalers, which may be carried on the camper.

I give permission for my child, \_\_\_\_\_ to be administered the following **prescription** medication by the Registered Nurse at Zion's Camp: \_\_\_\_\_

*(Don't forget to get a physician's note for this prescribed medication)*

In accordance with the NH State Nursing Regulations, Camp Nurses are allowed to dispense over-the-counter medications to campers, with written consent from the child's parent/guardian. My daughter has permission to take or use the following:

_____ Tylenol / acetaminophen	_____ Tums / antacid
_____ Advil / Ibuprofen	_____ Robitussin / decongestant
_____ Sudafed / decongestant	_____ Eye drops
_____ Benadryl / Antihistamine	

I give permission for my child, \_\_\_\_\_ to be administered the above **over-the-counter medication** by the Registered Nurse at Girl's Camp. If she has any allergies to any medications please indicate: \_\_\_\_\_

**With the new HIPPA regulations regarding confidentiality it is vital that you check the appropriate box to share information.**

I do \_\_\_\_\_ or do not \_\_\_\_\_ give permission for this information to be shared with other leaders and/or medical personnel as deemed necessary by the camp nurse. I understand that this medical information will be shared solely for the benefit of my child at Zion's Camp.

I give permission for full participation in Zion's Camp's programs, subject to limitations noted herein.

**In care of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child (or for me, if participant is an adult).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*It is mandated that this form be filled out every year by each camper at Zion's Camp\*\*\***