

New Heights



Summer Camp

Medication Notice

This notice is extremely important so please read it carefully and initial on each line below, follow the instructions completely and sign the consent at the bottom of this page. If you disagree with any of the statements here, please cross out that section and initial it. Explain your wishes in the comments section or attach an additional sheet if necessary.

ALL Campers/Staff who bring medications to camp must meet the following REQUIREMENTS:

_____ The **Physician who ordered** the medication (s) has completed, dated, and signed an authorization form for each medication individually . If there is more than one physician prescribing medications, then **each individual physician** must submit a form with the medications they prescribed listed.

_____ The Physician (s) has **listed all the medications** the camper is bringing to camp and note if said medication (s) will be SELF ADMINISTERED..

_____ **ALL** over the counter drugs must be in **the original bottle/box**, labeled and have the **person's name written on it**.

_____ The Camper/Staff knows what medications they are taking and how **important it is that they report** to the health lodge to take them as prescribed.

_____ On Registration day, bring the medications in a bag with the name of the camper/staff member on it.

_____ Please **bring only the number of pills** that will be needed for the week (and maybe a few extra in case one drops) since the nurse must count all of the medications brought and enter them in to a log.

_____ I give permission for the Camp Health Officer to administer over the counter medications for conditions as directed by the Camp Physician.(the over the counter medications may include **WOUNDS:** Betadine, Hydrogen Peroxide, Bacitracin antibiotic ointment, **POISON IVY:** Tecnu, Benadryl cream **CANKER SORES:** Benzocaine Cream **PAIN:** Tylenol, Ibuprofen, **DYSMENORRHEA:** Ibuprofen **ABDOMINAL DISCOMFORT:** Tums, Maalox **HEADACHES:** Tylenol, Ibuprofen **HYPOGLYCMIA:** Glucose gel, Glucagon **ALLERGIC REACTION:** Benadryl or generic, Epipen **ATHLETE'S FOOT:** Tinactin **INSECT STING/BITE:** Benadryl cream, Hydrocortisone cream, Caladryl or Calagel, Epipen **TICK BITES:** Alcohol or Hydrogen Peroxide **1ST DEGREE BURNS:** Burn Jell, Aloe Spray **EMERGENCIES:** Oxygen, Generics may be substituted.

Consent

IMPORTANT for minors: In case of illness or accident during the trip to and from the New Heights Summer Camp, or while at camp, and when New Heights is unable to contact us through reasonable effort, we the self/parents/guardians of _____, hereby consent to the giving of any and all emergency medical care to our child named above that may be deemed necessary by an official of the Camp in consultation with any physician or hospital without obtaining further consent. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent/guardian's signature

Date