



Castle Chess Camp - Health and Medication Form 2010

CAMPER NAME: _____

IN THE EVENT OF A MEDICAL EMERGENCY, BEST NUMBER TO CALL: _____

What do we need to know about you or your child’s overall health that may be of a concern during camp? (e.g., ADHD, enuresis, allergies, etc.?) Continue on the back of this form if necessary.

NON-PRESCRIPTION MEDICATION

It IS okay for my child to receive over-the-counter medications for minor temporary discomforts. e.g., aspirin, Tylenol, Advil, Pepto Bismol, Benadryl, etc. (Note: if this signature is left blank, we will call the above number to ask permission prior to administering any treatment.)

Parent’s signature: _____

PRESCRIPTION MEDICATION

Medication name, strength, and condition for which it is needed: _____

(check one): Oral ___ Inhaler ___ Injection ___ Times to be given: _____

If a dose is not given on time, what should we do?

- Give dose late and resume same time schedule for next dose.
- Give dose late and reset the time schedule from time of this dose.
- Skip this dose and give next dose at the scheduled time.
- Other (Please detail): _____

Common possible side effects of this medication: _____

Type of Container Required:

- Prescription drug >>> Pharmacy-labeled container
- Non-prescription drug– includes single dose >>> Labeled, sealed container or Ziploc bag

I understand that a Castle Chess Camp staff member will do their best to administer any medication in a safe and timely manner. I agree to provide the following, in accordance with state regulations: this Medication Form, medication in its required container, and any other required documentation.

I also agree to inform Castle Chess Camp in writing if any of the above information changes. I understand that one of the camp staff members must administer my child’s medication. I agree to give this medication DIRECTLY to a Castle Camp staff member at check-in. (I will not send the medication with my child in a suitcase or backpack.) I further understand that Castle Camp staff is prohibited from dispensing any medication unless all of the above terms are met and this form is signed.

Parent or Guardian’s signature: _____ Date: _____