

Dorm _____ (staff will fill out) Counselor Name: _____ (staff will fill out)

Pittsburgh District Camp Medical Form 2019

Camper Name: _____ DOB: _____ Age: _____ Male / Female (circle)

ALLERGIES _____

*Please note we will only provide campers with **Tylenol, Ibuprofen, and Benadryl**. Any other medications (prescription, over the counter or vitamins) **MUST** come from home in their original bottle. (Ex: Claritin for seasonal allergies). Medications will not be given without the original bottle/prescription and you will be called to camp to provide original bottles or you will have to come each time a med is due to administer yourself if unable to provide original bottle. Pittsburgh District Camp Staff will not be held responsible for administering unlabeled medications.

Please initial that you have read the above paragraph and are in agreement: _____

Permission to give as needed medication:

I give Pitt. Dis. Camp Staff permission to give said camper Tylenol _____, Ibuprofen _____, and/or Benadryl _____ as needed according to medication guidelines. **Please initial each medicine that is OK to give.**

_____ *Please check this line if you would like to be contacted before any as needed medication is given.*

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Phone Number: _____

Emergency Contact Name: _____ Phone: _____

*Emergency contact will only be called if a parent / guardian cannot be reached first.

Prescription Medications	Purpose or Reason Taking	DOSE	Time(s) Of Day	Form <small>(Liquid, capsule, tablet)</small>	Special Instructions

List All Personal Medications / Over the Counter Medications / All Vitamins

Physicians Certificate for Medication

Permission for Medical Staff to administer and maintain medication at camp.

If an **Asthma Inhaler** or **Epi-Pen** is prescribed, is the student qualified and able to self-administer? Yes ___ NO ___

Print Physician's Name

Physician's Phone Number

Physician Signature

Any medication that exceeds the recommended PDR dosage must be accompanied by a letter from the physician and parent which contains: 1) Acknowledgement of the dosage 2) Permission to administer this dosage 3) Waiver of release of liability of the Pittsburgh District Camp and Staff, volunteers, and employees. The nurse may call the Physician's Office regarding medication orders and administration.