

This form is required for ALL Youth and Adult Chaperones attending SPJST Summer Camp.

DRUG ADMINISTRATION RECORD

SPJST Summer Camp • Camp Kubena • 2001 Waldeck Rd • Ledbetter, Texas 78946

Camper Last Name			Camper First Name			Middle Initial		
Age	Date of Birth	Height	Weight	ALLERGIES				
Emergency Contact Names	1.		Emergency Contact Phone Numbers During Camp	Phone 1.				
	2.			Phone 2.				
Camper's Medical Insurance Provider				Policy No.				

SECTION 1 – MEDICATIONS SUPPLIED BY CAMP

This section, completed by parent or guardian, gives consent to the Camp Health Staff to supply a camper with an over-the-counter medication (OTC). OTCs will NOT be administered without the consent of the parent or guardian.

Please list any OTC medications that are <u>not</u> permitted.		
I give permission for the named Camper to receive over-the-counter medications as needed, except for the ones listed above.		
Signature _____ Relationship _____ Date _____		

SECTION 2 – MEDICATIONS BROUGHT FROM HOME

- Complete this section if you bring ANY medications from home (prescription or over-the-counter). List complete medication information in the blocks below; use additional forms as necessary.
- ALL medications brought from home must be in the original container, labeled with camper's name, drug name, and dosage/directions.
- Place medications in a zip-lock plastic bag labeled with camper's name.
- ALL medications must be turned in to Camp Health Staff for storage.

Medication 1 Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many and when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication 2 Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many and when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication 3 Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many and when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Camper's health and safety are always the main priority. As per ACA national policy, all medication is the responsibility of the individual taking the medication and/or that individual's parent/guardian. During summer camp, a camp nurse (Camp Health Staff) is on duty 24 hours a day and is responsible for daily health needs of campers, including dispensing medication. Parents/guardians and youth should discuss medication administration plans BEFORE coming to camp. Camp Health Staff are not permitted to inject medications, except for epinephrine; parents/guardians must make alternate arrangements when youth require other injectable medications while at camp.

I give permission for the above Camper to receive from storage and to take the above noted medications brought from home, as directed, and as listed above.

Signature _____ Relationship _____ Date _____

Camp Health Staff Signature _____ Date _____

This form is required for all camp participants. Please bring completed form to camp.