

## Medication Policy and Consent

Camper Name:	DOB:
Allergies:	
Policy	
All medications should be listed on the health history for camp (with the exception of emergency medications: Ep	
Medications should come in their original pharmacy labe at the same time as the physical and vaccine history. An can also be sent in an original container with the signed	y OTC meds you would like available for your camper
Medications will be secured and distributed by camp sta the unique needs of our campers.	ff. We will do our best to ensure accommodations for
	Parent/Guardian (Initial):
Over the Counter Medications	
I give Camp W staff permission to give my camper the formula ders provided by the camp medical provider:	ollowing OTC medications in accordance with the or-
Acetaminophen Ibuprofen Zyrtec/Claritin Topical creams and ointments for first aid Diphenhydramine (Benadryl, in case of allergic reaction)	
Diprioring diamino (Bondary), in odoc of anorgio redoctori,	
	Parent/Guardian (Initial):
Prescription Medications	
I give Camp W staff permission to administer my campe have provided.	r's prescription medication as detailed on the order I
Reminder: ALL medications must be in original pharmac	y labeled bottle and have a signed order.
	Parent/Guardian (Initial):
Parent/Gaurdian (Print):	
Parent/Guardian (Signature):	Date: