

*This form must be submitted **at camp check-in**
for all campers, counselors, and CITs bringing medications to camp.*

DO NOT MAIL THIS FORM

Na-Bor-Lee 4-H Camp Medication Form

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|-----------------------------------|----------------------|
| Name of Camper, Counselor, Or CIT | |
| Parent Day Phone | Parent Evening Phone |

Please complete this form within **48 hours prior to camper, counselor, or CIT's arrival at camp.** All medications must be in their **ORIGINAL** containers or they will not be given to the child. Place all medication containers in a zip-lock bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. Camp medical staff will receive medications in the nurse's station during camp check-in. Inhalers must be checked in with the nurse, and then the nurse may release one back to the child's counselor. (Please send two in case one is lost.)

NO PRESCRIPTION MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT OR LEGAL GUARDIAN SIGNATURE. All youth medications must only be administered by medical attending personnel.

| Name of Medication | Dosage | Time to be given | Nurse's Signature and Time Given (camp use only) | | | | | | |
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Comments/Instructions: (Please use back of form if not enough space)

Medications will be given as directed on prescription containers. Explain any differences in instructions:

Parent/Guardian:

I, _____, Parent or Legal Guardian of _____ authorize the camp personnel to
 (Parent's Name) (Camper or MIT's Name)

administer the medications listed above. I authorize the Camp Director and/or Medical Staff to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me before such action. Copies: A photocopy or electronic reproduction of this signed authorization may be considered valid.

Signature _____ Date _____
 (Date must be 48 hours prior to camp)

| Camp Use Only | | |
|---|----------------|---------|
| Name of Medical Personnel administering medications | Degree/License | Initial |
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