

# STATE PROCEDURES REGARDING MEDICATIONS

Campers must surrender all medication, **EVEN OVER-THE-COUNTER MEDICATION** (i.e. Tylenol, Advil, etc) to our Medical Staff at check-in, to be placed in a locked medical box for the duration of the camp. Campers may self-administer prescribed medications when needed with documented parental and authorized prescriber permission. Medications **must** be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber or dentist's name and date of the original prescription. Over-the-counter medication must be in the original container and labeled with the child's name.

I hereby request that the following medication be self-administered by my daughter,

\_\_\_\_\_, during CC Volleyball Camp

(PLEASE PRINT CAMPER'S NAME) (DATE)

I understand that I must supply the youth camp with the prescribed medication in its original container and properly labeled by a physician/pharmacist. Over the counter medication shall be labeled with the child's name by the Parent/Guardian(s) at check-in. I understand that this medication will be destroyed if not picked up within (1) week following the end of this session of camp.

Name of Medication: \_\_\_\_\_

Times of Administration: \_\_\_\_, \_\_\_\_, \_\_\_\_ Dates of Administration: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Is this a controlled drug? \_\_\_\_\_

## Authorized Prescriber or Dentist Information:

Name (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Authorized Prescriber or Dentist Signature: \_\_\_\_\_

Parent/Guardian(s) Name (Printed): \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_