

KEHOE-FRANCE DAY CAMP

It is the policy of Kehoe-France Day Camp not to administer any medication without written parental permission. ***It is also the policy that no camper may have any type of drug or medication in a pocket, purse, desk, cubby or locker.*** All such drugs or medication must be given to the camp counselor immediately upon arrival at camp with this permission slip completed by the parent or guardian. Kehoe France Day Camp will only dispense ***prescription medications*** at camp. Prescription medication must come to camp in the pharmacy dispensed packaging with the prescription label attached. **All medications will be dispensed at 12:00 noon.**

REMEMBER: This form must be attached to each *prescription medication*. **PLEASE SEND ONLY THE MEDICATION TO BE TAKEN AT CAMP. DO NOT SEND THE ENTIRE BOTTLE.**

MEDICATION PERMISSION

Child's Name: _____ Group _____

Medication: _____ Date Prescribed _____

Condition for which prescribed: _____

Amount of Dosage _____ Physician's Name _____

Number of Days _____ Physician's Phone Number _____

RX Number _____

I _____ (signature of parent or guardian) give permission to ***Kehoe-France School Nurse or authorized child care staff*** to administer _____ (dosage amount) of _____ (name of medicine) to my child _____ (name of child) at 12:00 noon on the following dates _____ by (body location and method of use) _____

Possible side effects to watch for with this medication _____

Date _____ Signature of Parent or Guardian _____

For staff to complete: (Give medicine only if yes is answered to all questions below)

- | | | |
|---|------------------------------|-----------------------------|
| Is the permission form completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the medication in a child-proof container? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the original prescription label on the medicine container? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the name of the child on the container? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the date on prescription current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |