

REGULATIONS REGARDING MEDICATION: *PLEASE READ CAREFULLY! In order to participate in camping and therapeutic recreation programs this form must be filled out correctly. If the below guidelines are not met the participant will not be accepted into the program.*

Please read the following protocols regarding both over the counter and prescription medications, then sign below.

1. This form **MUST** include all medications and treatments prescribed to this participant; including but NOT limited to lotions, dietary supplements, inhalers, liquids, allergy medication, g-tube feedings, and PRN, temporarily prescribed, or over-the-counter medications. NO SAMPLE or foreign medication will be administered without a proper pharmacy label (with the exception of over-the-counter medications).
2. Due to a change in Maryland Nursing regulations, over-the-counter medications given at camp must have permission of the participant's physician. Although they are on camp's standing order list and camp will provide the medication as needed, permission must be given by checking off those medications that the participant is able to take. The physician **MUST** fill in information regarding dosage and frequency.
2. Each prescription medication must be in its original container and have a pharmacy label that matches the doctor's orders on this medication form. **NO exceptions will be made.** Over-the-counter medication must be in the original container.
3. Each medication listed on this form (prescription or over the counter) **MUST** include accurate dosage, time and instructions. Your attending physician must look over this medication and sign and date the bottom of *each page* of medications. If the signature is not present, Camping & Therapeutic Recreation reserves the right to not accept the participant for attendance until the form is signed.
4. Any medication listed on this form that is not brought to your camping or therapeutic recreation program **MUST** have a physician's order to discontinue that medication.
5. Any medication that is added or dosage that is changed after this form is completed must have a doctor's order mailed or faxed to The League Camping & Therapeutic Recreation. Please be sure to have a correct pharmacy label made.

PLEASE REMEMBER: This form and the medication label(s) on medication itself **MUST** match (say the exact same thing) to be administered at camp or in a therapeutic recreation program.

I have reviewed this completed Medication Form. All information provided is correct to the best of my knowledge, and the participant herein described has permission to engage in all activities except as noted.

In case of emergency, I understand every effort will be made to contact me/the listed contact person. In the event that I cannot be reached, I hereby give permission to the Health Center staff to secure proper treatment, including hospitalization, necessary tests, anesthesia, surgery, or injections of medication for me/my child. Permission is given to transport me/my child for medical assistance. I understand that I am responsible for payment of all medical treatments received. This form may be photocopied for camp use.

By signing below I understand the above guidelines and agree to follow them.

Signature of Legal Guardian: _____ Date: _____

Printed name and relationship to participant: _____