

Medication Authorization for Minors

(To be filled out ONLY if camper is minor and needs to take medication to camp.)

No camper age 17 or under will be allowed to self-administer any medication—whether it is an over-the-counter medicine (such as Tylenol, cold remedy, etc.) or a prescription drug.

All medications must be turned in to the camp doctor/nurse upon arrival at camp, along with this form. (The only exception will be for inhalers, for which a “Contract for Permission to Carry an Inhaler” must be completed and turned in to the camp doctor/nurse--see reverse.)

For prescription medications, the dose and frequency of administration must be clearly indicated on the container/bottle. Otherwise, write instructions on this form and provide any special instructions or other necessary information. (Mail form to address on reverse side.)

TO BE COMPLETED BY PARENT

Camper's Name _____ Male Female

Birthdate (Mo/Day/Yr) _____ Parent(s) attending camp? Yes No

I authorize the PCJC Family Camp medical personnel to administer the medication(s) indicated below to the above-named camper:

1. _____
Name of Medication *Purpose of Medication*

Dosage Prescribed *Time Schedule* *Form (Tablet, Liquid, Inhaler, etc.)*

Precise method of administering medication

2. _____
Name of Medication *Purpose of Medication*

Dosage Prescribed *Time Schedule* *Form (Tablet, Liquid, Inhaler, etc.)*

Precise method of administering medication

3. _____
Name of Medication *Purpose of Medication*

Dosage Prescribed *Time Schedule* *Form (Tablet, Liquid, Inhaler, etc.)*

Precise method of administering medication

Other Instructions / Information: _____

I also authorize the PCJC to communicate with the physician below regarding my child's medical condition and/or medication:

_____ _____
Physician's Name *Physician's Telephone*

_____ _____
Parent's / Guardian's Signature **Date**

Contract For Permission To Carry An Inhaler

Camper's Name _____ Male Female

Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____ Parent(s) at camp? Yes No

Birthdate (Mo/Day/Yr) _____ Church registering through _____

NAME OF MEDICATION

DOSE

FREQUENCY

| <u>NAME OF MEDICATION</u> | <u>DOSE</u> | <u>FREQUENCY</u> |
|---------------------------|-------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Camper's Agreement

- I understand that I am to keep this inhaler in my room, backpack or fanny pack at all times except when in use.
- I will not share this inhaler with anyone under any circumstances.
- I agree that after two puffs, if there is not marked improvement, I will go to the Camp Nurse/Doctor immediately.

Camper's Signature

Date

Parental Permission

I give permission for my child to carry the inhaler described above. I understand that he/she must follow the rules listed above.

Parent's / Guardian's Signature

Date

MAIL FORM DIRECTLY TO:

PCJC FAMILY CAMP
 c/o S. Kashitani, Registrar
 3433 W. 229th Place
 Torrance, CA 90505