

Bird Street Summer Day Getaway at Hale Reservation

2009 Medication, EpiPen, and Inhaler Administration

Camper or Staff Name: _____ **Birth Date** _____

Prescribed medications must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child's name. Non-Prescription Medications must be in its original containers, clearly labeled with the child's name and directions for use. Your child's medication must be kept at the Health Center. Please completely fill out the following information regarding the appropriate times and dosages of each medication your child's will receive at Hale (attach addition forms if needed). I hereby give permission for Hale Reservation to administer the following medications to my child during his or her camp attendance.

Parent/Guardian Signature: _____ **Date:** _____

Name of Medication:
Why is this medication taken?
Days Taken (please circle) M T W T F <input type="checkbox"/> As Needed
Times Taken (please circle) AM PM Other _____ Dosage _____
Are there any additional notes or instructions for this medication?

Name of Medication:
Why is this medication taken?
Days Taken (please circle) M T W T F <input type="checkbox"/> As Needed
Times Taken (please circle) AM PM Other _____ Dosage _____
Are there any additional notes or instructions for this medication?

Type of Inhaler:
Location of inhaler at camp (circle one) Health center or designated secure storage on campers person with camp counselor
Who can administer inhaler? (circle one) qualified personnel camper

Type of EpiPen [®] :
Location of EpiPen [®] at camp (circle one) Health Center or designated secure storage on campers person with camp counselor
Person who Can administer EpiPen [®] (circle one) qualified personnel camper

I request that my child's inhaler or EpiPen[®] be self-administered. I certify that my child is capable of appropriate self-administration of medication and that my child's physician has given consent.

Parent/Guardian Signature: _____ **Date:** _____

Please complete and return by June 1, 2009 to:

Hale Reservation, 80 Carby Street, Westwood, MA 02090