

# NORTHBAY MEDICATION FORM

**PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM ON THE REVERSE SIDE OF THIS PAGE**

**For ALL prescription AND over-the-counter medications, Section A must be completed by the camper's physician or health care provider.**

## **Medication Policies:**

- **ALL MEDICATION FORMS MUST BE COMPLETED AND RECEIVED BY NORTHBAY AT LEAST TWO WEEKS BEFORE THE FIRST DAY OF CAMP.**
- All medications (prescription or over-the-counter) to be given at camp must have a form completed by the parent and prescribing health professional. Over-the-counter medications can be purchased at a pharmacy without a prescription. Examples include: Tylenol, Motrin, Calamine Lotion, Benadryl.
- One form needs to be completed for each medication and a new form is needed if a dosage or time of administration changes before your child arrives at camp.
- This form must be completed and signed by you and your child's doctor.
- If your doctor provided special instructions for your child while attending school, please attach them to your medication order. Asthma action plans, diabetes plans, and other instructions are very helpful at camp.
- The first dose of any new medication must be give at home and not at the camp.
- No medications should be packed in camper luggage. All medications must be collected and delivered by an adult to the nurse at NorthBay.
- No camper can keep medication (other than self carry medications) in his/her cabin or give medication to him/herself. Self carry medications may be returned to the camper after check-in.
- Prescription medications must be in the original package with the pharmacy label intact and over-the-counter medications must be in the original container (box, etc.) with the manufacturer label intact.
- For example, inhalers must be in the box with prescription label and pills cannot be in a weekly pill organizer. Samples from a doctor's office cannot be given to your child at camp.
- Medications cannot be expired or more than 1 year past the original prescription date.
- With a Prescriber's and the NorthBay Medical Coordinator's authorization, insulin, rescue inhalers, and epi-pens **ONLY** can be carried by the camper and self administered with an adult's supervision. These medications need to be in the control of the camper or counselor or locked in the safe provided in each cabin at all times. We recommend you send 2 sets of medication so one can be stored in the Wellness Center.
- Medication that is not picked up at the camp will be destroyed.
- Campers at NorthBay will be outdoors and exercising. If your child uses asthma or allergy medications please send them to camp with completed medication form and medications.
- If the school that your child attends does not bring a vehicle with them on the trip, parents will be responsible for arranging transportation for their child if they have to return home.

**NORTHBAY MEDICATION FORM**  
**SECTION A: PRESCRIBER'S AUTHORIZATION**  
**(TO BE COMPLETED BY MD, PA, OR NP ONLY)**

Camper Last Name:		First:	Middle:	
Date of Birth:		Group/School Name:	Dates at Camp:	
Medication Name:		Condition for which medication is being administered:		
Medication Strength:		Dose:	Route:	
If routine, time/frequency of administration (check time) <input type="checkbox"/> Breakfast <input type="checkbox"/> lunch <input type="checkbox"/> dinner <input type="checkbox"/> bedtime <input type="checkbox"/> Other:				
If PRN (as needed) frequency: <input type="checkbox"/> Every 2 hrs <input type="checkbox"/> Every 4 hrs <input type="checkbox"/> Every 6 hrs <input type="checkbox"/> Every 8 hrs <input type="checkbox"/> Every 12 hrs <input type="checkbox"/> Other		If PRN, for what symptoms:		If PRN, a maximum of 10 doses will be given unless otherwise noted here:
Relevant side effects:			Medication shall be administered from: to:	
Prescriber's name/title:		Address:	Telephone:	Fax:
<b>*PRESCRIBER'S SIGNATURE:</b>			Date:	

\* Forgery of prescriber's signature will result in student dismissal and possible legal action.

**SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION**  
**AUTHORIZATION/APPROVAL**  
**(TO BE COMPLETED BY MD, PA, OR NP ONLY)**

**Self carry/self administration of emergency medication may be authorized by the prescriber and must be approved by the camp nurse according to the State medication policy. ONLY EPI-PENS, INSULIN, AND RESCUE INHALERS MAY BE SELF CARRIED/ADMINISTERED.**

<b>Prescriber's Signature</b> authorizing self carry/self administration of emergency medication:		Date:
<b>Camp RN Signature</b> authorizing self carry/self administration of emergency medication:		Date:

**SECTION B: PARENT/GUARDIAN AUTHORIZATION**  
**(TO BE COMPLETED BY PARENT)**

I/We request designated camp personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at camp. I/We authorize the school nurse to communicate with the health care provider as allowed by state and federal law.

<b>Parent/Guardian Signature:</b>		Date:
Home Phone:	Cell Phone:	Work Phone: