



CAMP PRESCRIPTION MEDICATION FORM

Wisconsin State Code requires that all medications brought to camp by campers shall be in the original container clearly labeled to include: Client's name, name of prescribing physician, prescription number, date prescribed, name of medication, and directions for use.

All medications shall be stored in a locked container(s) along with the records of dispensation.

In addition, the parent/legal guardian shall provide the following written instructions, as prescribed by the physician, and the parent/legal guardian shall give written consent for the unit adult leadership or the camp health office staff to directly monitor the self-dispensation and self-administration of medications to campers under 18 years of age.

Camper's Name: _____ Unit (type and number): _____

Physician's Name (Printed): _____

Physician's Telephone Number: (____) _____

PARENT/LEGAL GUARDIAN CONSENT

The unit adult leadership or the camp health office staff at one of the Glacier's Edge Council camps (Camp Indian Trails or Ed Bryant Scout Reservation) has my permission to directly monitor the self-dispensation and self-administration of the medications listed below to my child.

Signature: _____ Date: _____

Printed Name: _____ Emergency Telephone: (____) _____

Unit Camp Leader's Signature: _____

(List no more than two medications per form. Use additional forms as needed.)

| | |
|--|--|
| Name of Medication: | Name of Medication: |
| Dosage: | Dosage: |
| Frequency: | Frequency: |
| Route: | Route: |
| Duration: | Duration: |
| Instructions: | Instructions: |
| Adverse Reactions: | Adverse Reactions: |
| Specify conditions when contact should be made with the physician: | Specify conditions when contact should be made with the physician: |

NAME _____ UNIT (type & no.) _____ CAMP SITE _____