

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:

- 1) Client Name
- 2) Name of the prescribing physician
- 3) Prescription number
- 4) Date prescribed
- 5) Name of the medication
- 6) Directions for use.

All medication shall be stored in a locked cabinet or room along with the records of dispensation.

In addition, the physician shall provide the following written instructions, and the parent/legal guardian shall give written consent for camp staff to administer medications to campers under 18 years of age.

Camper Name _____

Physician _____ Signature _____

Troop # _____ Campsite _____

Week of _____ Year _____

1) Name of medication:

2) Dosage:

3) Method of administration:

4) Frequency:

5) Duration:

6) Instructions:

7) Adverse reactions:

8) Specify conditions when contact should be made with physician:

PARENT or LEGAL GUARDIAN CONSENT

The staff at Camp Ma-Ka-Ja-Wan, BSA has my permission to administer the above medications to my child.

Signature _____ Date _____

Printed Name _____