Summer Kids' Camp

Medication Distribution Form

If your child will need medication administered during KIDS' CAMP program hours, please read and complete the following:

- Please fill out one Medication Distribution Form per child/per program year and return to program leaders.
- Over-the-counter medications, vitamins, homeopathic remedies, and nutritional supplements will not be accepted unless they are scheduled for daily administration and accompany a physician's prescription.
- Parents are required to bring medication directly to the program leaders. As a safety precaution, the child will not be allowed to bring in or take home medication. Medication should never be in the child's possession unless medication is dispensed on their person or a doctor has specifically indicated in writing that the child may self-administer and safety precautions are met for the safe handling of the medication. If a doctor has given this written permission, a copy must be provided to the KIDS' CAMP.
    - **Exception:** Inhalers prescribed to treat mild asthma symptoms may be self-administered by children ages 6+ and may stay in the possession of the child, with parent permission noted on this form.
- Medication must be in the original, accurately labeled container.
- It is the responsibility of the parent to make sure the child has the proper amount of medication.
- If, at the conclusion of the program, your child has unused medication, you will be notified to claim the medication at the close of camp. If unclaimed, the medication will be taken to a medicine drop off center at a local pharmacy or hospital.
- No medication will be administered to any child, nor will any child be allowed to take any medication without a completed Medication Distribution Form.

Please complete a Medication Distribution Form for ALL MEDICATION to be administered.

Child's Full Name _____

DOB _____ Age _____

Are there any specific medical/health needs we need to be aware of?

_____

Are there any reasonable modifications you request us to consider in light of these medical/health needs?

_____

_____

Administered by: ☐ Cycle Oregon Staff ☐ Self (Doctor's permission attached)

Special or more specific instructions (time)

_____

_____

In case of emergency please contact:

Name _____ Phone (cell) _____

(work) _____ (other) _____

Cycle Oregon KIDS' CAMP staff has my permission to administer the above medication to my child.

Parent/Guardian Signature _____ Date _____

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Medication Distribution Form

Medicine and Dosages

Child's Name_____ Date_____

	Diagnosis	Name of Medication	Dosage Amount	How to Give	Time to Give	Notes
EMERGENCY MEDICATION(S)	❒ Asthma	❒ Albuterol ❒ Xopenex	**Please check one:** ❒ 2 puffs ❒ 4 puffs ❒ 1 vial (ampule)	❒ Inhaler with spacer ❒ Inhaler ❒ Nebulizer	❒ Before exercise as needed to prevent symptoms ❒ Every 4 hours as needed to relieve symptoms ❒ Other _____	
	❒ Allergy List allergies below: _____ _____ _____ _____	❒ Diphenhydramine (Benadryl)	❒ 12.5 mg ❒ 25 mg ❒ Other_____	By mouth	❒ Upon exposure ❒ Mild reaction	
		❒ Epinephrine Auto Injector	❒ 0.15 mg ❒ 0.3 mg	Intramuscular (IM)	❒ Upon exposure ❒ Mild reaction	
	❒ Seizures	❒ Diastat Gel ❒ Valtoco ❒ Other_____	❒ 5.0 mg ❒ 7.5 mg ❒ 10.0 mg ❒ Other_____	❒ Rectal ❒ Nasal ❒ Other_____	❒ At onset of seizure ❒ After 5 minutes ❒ After 10 minutes ❒ Other _____	
	❒ Diabetes	❒ Glucagon ❒ Basqsimi ❒ Other_____	❒ 5.0 mg ❒ 1.0 mg	❒ Subcutaneous (SQ) ❒ Intramuscular (IM) ❒ Other_____	If student becomes unconscious	
DAILY MEDS	❒ ADHD ❒ Asthma ❒ Seizure ❒ Diabetes ❒ _____				❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ As needed ❒ Other_____	