



Prescription Medication Administration Form For Express C.A.M.P.

The parent/guardian of _____ requests that the Express C.A.M.P. staff member, Emily Knuth, administer the following prescription medication _____ during camp hours according to the Parent/Guardian's signed instructions below.

Emily Knuth agrees to administer prescription medication prescribed by a licensed health care provider only. It is the parent's/guardian's responsibility to furnish the medication. The parent/guardian agrees to pick up any unused medication and the prescription bottle on the last day of camp, July 14, 2023. Any medication left after 3 PM on July 14, 2023, will be properly disposed.

Prescription medications must be provided to Emily Knuth in a pharmacy-labeled container with clear dosage instructions on the first day of camp.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with Emily Knuth, the delegate to administer medication, should clarification be needed.

Parent/Guardian Printed Name Parent/Guardian Signature Date

Daytime Phone # Cell Phone #

Complete one form for each medication

Name of Prescription Medication Dosage Time to administer medication

Medication Start Date Medication End Date

Name of Prescribing Provider Provider's Phone Number

Special instructions or side effects to know

Please ask the pharmacist for a separate medicine bottle with a label to keep at camp



Authorization to Self-Carry/Administration of Metered Dose Inhaler Release Form

Student _____ DOB _____

Medication Dose _____ Time _____

Method of Administration Metered Dose Inhaler Spacer (Y/N) _____

Diagnosis _____ Other _____

Possible Side Effects/Precautions/Recommended Interventions:

Duration (dates) of Administration: From July 11, 2022 to July 15, 2022

I request that my child be allowed to carry/self-administer his/her Metered Dose Inhaler medication and be responsible for its proper storage and use. I take responsibility for this permission. I understand that this medication must be in the original pharmacy container, labeled with name of student. I will support my child to follow the above agreement and if s/he does not, I will be contacted and we will develop a new plan.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse delegated to administer medication should clarification be needed.

Parent/Guardian Signature

Date

Daytime Telephone Number

I have demonstrated the correct use/administration of this medication and agree to terms of this contract. I will keep medication in agreed location, will not share this medication with others, and will seek assistance from Emily Knuth if I have have the following symptoms after using the medication:

Student Signature

Date

Name of Prescribing Provider

Provider's Phone Number



Authorization to Self-Carry/Administration of EpiPen Release Form

Student _____ DOB _____

Medication Dose _____ Time _____

Possible Side Effects/Precautions/Recommended Interventions:

Duration (dates) of Administration: From July 11, 2022 to July 15, 2022

I request that my child be allowed to carry/self-administer their EpiPen and be responsible for its proper storage and use. I take responsibility for this permission. I understand that this medication must be in the original pharmacy container, labeled with name of student. I will support my child to follow the above agreement and if they do not, I will be contacted and we will develop a new plan.

I hereby authorize the Prindle Institute for Ethics, and its agents and representatives, to administer to the camper an epinephrine injection if they are experiencing an allergic reaction and are unable to inject themselves. I understand that epinephrine may be administered by any trained staff member; however, said staff member may not be a licensed medical professional. I also understand that camp staff will contact emergency medical services and the parent or individual listed as emergency contact for the camper whenever epinephrine is administered, regardless of whether the camper continues to exhibit symptoms of anaphylaxis. I hereby agree to indemnify, release, and hold harmless DePauw University, the Prindle Institute for Ethics, its directors, officers, agents, employees, and staff, from any claim, demand or action regarding the administration of epinephrine.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse delegated to administer medication should clarification be needed.

Parent/Guardian Signature

Date

Daytime Telephone Number

I have demonstrated the correct use/administration of this medication and agree to terms of this contract. I will keep medication in agreed location, will not share this medication with others, and will seek assistance from the camp nurse if I have have the following symptoms after using the medication:

Student Signaure

Date

Name of Prescribing Provider

Provider's Phone Number