

**WARRINGTON TOWNSHIP SUMMER CAMP 2015
MEDICAL FORM**

NOTE: ONE FORM PER CAMPER TO BE SIGNED BY PARENT/GUARDIAN. A DOCTOR'S SIGNATURE IS ONLY REQUIRED FOR PRESCRIPTION MEDICATIONS. CAMPERS CANNOT ATTEND CAMP UNLESS THIS FORM IS FULLY COMPLETED AND SUBMITTED TO: Warrington Twp., 852 Easton Rd., Warrington, PA 18976

This form MUST be completed and signed to enable the Camp Director or staff to dispense any prescription drugs or over-the-counter medications to a youngster or minor employee. A physician must complete and sign the form for all prescription drugs. The prescription medications must be sent in the original container with prescription labels on them along with a doctor's note. All medications must be given directly to the Camp Director or medical staff for locked storage. Children will **not** be allowed to carry medications with them. **PARENTS MUST ALSO SIGN FOR OVER-THE-COUNTER PRODUCTS LISTED BELOW.**

I, _____ do hereby authorize and instruct **Warrington Township Summer Camp Staff** to administer the following
(Name of Parent/ Legal Guardian)
medication(s) to my child: _____ / _____ / _____
Child's Name Gender Age Group

PLEASE LIST ANY PRESCRIPTION MEDICATIONS AND DOSES YOUR CHILD IS TO BE ADMINISTERED DURING THE 2015 CAMP SEASON:

Name of Medicine: _____
Reason for Medicine: _____
Dosage Times: _____ Dosage Amt.: _____
Date when Medication Discontinues: _____
Please list daily medications your child takes at home: _____
Signature of
Doctor: _____ / _____ / _____
Print Doctor's Name Doctor's Telephone #



PLEASE CHECK OFF ALL MEDICATIONS THE CAMP MEDICAL STAFF CAN ADMINISTER TO YOUR CHILD WHILE AT CAMP:
 Non- Aspirin Pain Reliever (Acetaminophen) Ibuprofen Antacid (Calcium Carbonate) Sore Throat Lozenges Benadryl Children's Ibuprofen
 Insect Spray Children's Acetaminophen Sunscreen

LIST ANY ALLERGIES: _____ DOES YOUR CHILD REQUIRE ANY SPECIAL INCLUSION SERVICES: YES NO
Please Circle

IN CASE OF MEDICAL EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN LISTED BELOW. IN THE EVENT I CANNOT BE REACHED, I HERBY GIVE PERMISSION FOR EMERGENCY TREATMENT FOR MY CHILD INCLUDING TRANSPORTATION BY AMBULANCE OR IMMEDIATE HOSPITAL CARE.

_____/_____/_____/_____
Signature of Parent/Guardian Print Parent/Guardian's Name Date Parent/Guardian Daytime Phone

Mandatory Alternate Phone #