



Camp Ka-Mee-Lin

Camper Medication Form

Please complete all applicable fields. Required fields are marked with an asterisk (*). This form must be submitted to Camp Leadership **WITH** your camper's medication on their first day of camp.

WE WILL NOT ACCEPT THIS FORM PRIOR TO YOUR CAMPER'S FIRST DAY!

Camper Name:* _____

Medication Policy

If your child requires medication during the time they are in our care, please notify Camp Leadership as soon as possible. Before any medication (prescription and non-prescription) may be given to the camp staff, a Camper Medication Form must be completed; these are available online, in the Parks and Recreation office, or in the Camp office.

Both prescription and non-prescription medicines must be in their original container and clearly marked with the child's first and last name, medication name, doctor's name, dosage and other specific directions. Parents must bring medication directly to a member of Camp Leadership; please review all instructions and any other special considerations with Camp Leadership at this time.

A member of our Camp Leadership team will supervise the storage and self-administration of any medication taken during the camp day. **Our camp staff are not authorized to directly administer any medications.**

Parent/Guardian Permission Required for Medication Use

Parent/guardian permission is required for a camper to use medications that require self-administration to prevent negative health outcomes. These medications should be identified by completing the appropriate boxes below. **A new form must be completed for each individual medication.**

Medication Information

Name of Medication*

Dosage*

Time of Administration*

Reason for Medication*

Comments/Possible Side-Effects*

Camper Medication Terms

To be completed by parent or guardian:

I hereby request that the participant be allowed to self-administer prescribed medication under the supervision of a member of the Camp Leadership team during the time he or she is attending Camp Ka-Mee-Lin. I understand that the medication will be self-administered under the supervision of personnel designated by the Department. I understand that the medication will be self-administered exactly as directed by the written instructions referenced above. I will notify the Department of changes in the medication(s) by completing a new form. Also, I will inform the Department of discontinuance of the medication(s) by written notice.

I acknowledge that the Department owes no duty to the participant regarding his or her health or physical well-being and that any health information provided by me to the Department has been voluntary and I expressly authorize the Department to use this information for medical purposes. I authorize the Department or any of its employees or agents to obtain medical care for the participant as deemed appropriate by the Department. Any expenses incurred by the Department on my behalf are my responsibility.

In consideration for participation in a program conducted by the Department, I waive any rights I, the participant, or any family member may have against the Department, the City of Post Falls, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors concerning the self-administering of the above designated medication(s). I release and discharge the Department, the City of Post Falls, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors of and from all claims, debts, attorney fees, costs, actions and causes of action of any kind connected with the self-administering of this medication(s).

Agreement

By signing and submitting this form, you confirm that you have read, understand, and agree to Camp Ka-Mee-Lin's Medication Policy and the contents of this Camper Medication Form.

Parent/Guardian Printed or Typed Name:* _____

Parent/Guardian Signature:* _____

Date:* _____

This document must be physically signed and submitted via paper copy with the camper's medication.