

Camper or Staff Name _____ Birth Date _____



**2012 Hale Day Camp
Medication, EpiPen®, and
Inhaler Administration**

To be completed for any or all medications that will be brought to and administered at camp.

Please Read: Prescribed medications must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name. Non-Prescription medications must be in its original containers, clearly labeled with the child or staff's name and directions for use. All medications must be kept in the Health Center. Please completely fill out the following information regarding the appropriate times and dosages of each medication your child or staff will receive at Hale (attach additional forms if needed). **I hereby give permission for Hale Reservation to administer the following medications to my child during his or her camp attendance.** **Not applicable**

Parent/Guardian Signature _____ *Date:* _____

Name of Medication (if Inhaler or EpiPen® complete below as well):	
Why is this medication taken?	
Days Taken (please circle)	M T W Th F <input type="checkbox"/> As needed
Times Taken (be specific) _____ AM PM Other _____	Dosage _____
Are there any additional notes or instructions for this medication?	

Name of Medication (if Inhaler or EpiPen® complete below as well):	
Why is this medication taken?	
Days Taken (please circle)	M T W Th F <input type="checkbox"/> As needed
Times Taken (be specific) _____ AM PM Other _____	Dosage _____
Are there any additional notes or instructions for this medication?	

Type of Inhaler:		
Location of Inhaler at camp (circle one)	Health center or designated secure storage	on campers person with camp counselor
Who can administer inhaler? (circle one)	Qualified Personal	Camper

Type of EpiPen®:		
Location of EpiPen® at camp (circle one)	Health center or designated secure storage	on campers person with camp counselor
Who can administer EpiPen®? (circle one)	Qualified Personal	Camper