

Gray Recreation Summer Camp Medical Treatment and Medication Authorization Form

The Gray Recreation Summer Camp requires the following information regarding medication needs of participants in the program. Please note the following policies:

Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-Pens used during program hours should follow the same rules enforced through MSAD 15.

- **For campers in both the K-2 and the 3-6 camps, these items must not be stored in the child's possession and should be delivered via parent/guardian directly to a staff member for locked storage. For the safety of your child as well as the safety of all other campers on site, no medication of any kind may be left unlocked or unsupervised.**
- These items must not be stored on a child's possession and should be delivered via parent/guardian directly to a staff member for locked storage.
- Summer Camp Staff are NOT authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
- Parents/guardians are solely responsible for ensuring that adequate medication is provided in a secured container labeled with your child's name, the name of the medication, the dosage amount and the time or times to be taken.
- Medical personnel are not on staff during this program.
- A separate form must be filled out for each medication needed and each time one is left or picked up at the program.

Failure to comply with the above rules may jeopardize your child's right to attend the Summer Camp Program. We reserve the right to dismiss children from the program (without a refund) at any time.

Child's Name: _____
Name of Medication: _____ Dosage Amount: _____
Frequency of Dosage: _____
Time(s) to be taken during camp: _____
Duration of treatment: _____
Possible side effects and adverse reactions (if any): _____
Other recommendations: _____
Health care prescriber: _____ Phone: _____

I have dropped off the above medication to the staff at Gray Summer Camp :
Parent Signature: _____ Date: _____
Phone: _____

I have picked up the remainder of the above medication from Gray Summer Camp:
Parent Signature: _____ Date: _____
Phone: _____