

CAMPER NAME: _____ DOB: ____ - ____ - ____ SESSION ATTENDING: _____
 CAMPER STATUS: ____ NEW ____ RETURNING CIRCLE: ADULT OR CHILDREN'S VILLAGE

I give permission to the PA Lions Beacon Lodge Camp to give _____ the following medication should he/she need it.

(PRINT NAME)

_____ Children's Tylenol (# permitted to dispense _____) _____ Benadryl *Campers w/ GLAUCOMA may not take this drug*
 _____ Adult Tylenol (# permitted to dispense _____) _____ Immodium (as directed.)
 _____ Pepto Bismal (for upset stomach, as directed.) _____ Milk of Magnesia (as directed.)

These meds can NOT be given without your permission.

Signed: _____ Date: _____ Relation to Camper: _____

DOES CAMPER TAKE ANY FORM OF MEDICATION, INCLUDING OTC? ____ YES ____ NO

NAME OF MEDICATION	PURPOSE	8:00 AM	NOON	5:00 PM	8:00 PM	COMMENTS

 Signature of Prescribing Physician
 Physician Name: _____
 Phone #: _____
 Fax #: _____

 Signature of Camper/Parent/or Legal Guardian
 Daytime Phone: _____ Evening Phone: _____

Pharmacy & Phone #: _____

IF CAMPER IS TAKING MEDICATIONS PRESCRIBED BY SEVERAL PHYSICIANS, EACH PRESCRIBING PHYSICIAN MUST SIGN THE MEDICATION SHEET. THIS SHEET MAY BE COPIED. WE MUST HAVE THE NAME AND NUMBER OF PRESCRIBING PHYSICIAN'S.

 Signature of Prescribing Physician
 Physician Name: _____
 Phone #: _____
 Fax #: _____

 Signature of Prescribing Physician
 Physician Name: _____
 Phone #: _____
 Fax #: _____

IMPORTANT MEDICAL INFORMATION:

1. DO NOT FAX THIS FORM. ALL MEDICAL INFORMATION MUST BE MAILED DIRECTLY TO THE CAMP.
2. THIS FORM MUST BE SIGNED BY PHYSICIAN & COMPLETED THOROUGHLY.
3. MEDICINE BROUGHT MUST MATCH DOCTOR'S ORDER'S OR CAMPER WILL BE SENT HOME!
4. MEDICATION MUST BE IN ORIGINAL CONTAINERS, NO EXCEPTIONS!!!
5. CAMPER MUST HAVE AN ADEQUATE SUPPLY OF MEDICATION FOR THE NUMBER OF DAYS ATTENDING. FAILURE TO SUPPLY PROPER AMOUNT WILL CANCEL REGISTRATION.
6. DIABETIC CAMPER'S MUST BRING THEIR OWN TEST STRIPS & NEEDED SUPPLIES. INCLUDE DIETARY SHEETS IF NEEDED.
7. DO NOT STORE YOUR MEDICATION IN YOUR LUGGAGE WHEN TRAVELING BY BUS OR TRAIN, KEEP MEDS WITH YOU AT ALL TIMES.
8. IF CAMPER REQUIRES AN EPI-PEN, THEY MUST BRING THEIR OWN SUPPLY TO HAVE AVAILABLE AT ALL TIMES.
9. CAMPERS MUST BRING HIS/HER OWN SUPPLY OF COLD MEDICINE, COUGH DROPS, ETC.
10. ALL MEDICATION MUST BE CHECKED IN AND STORED AT THE INFIRMARY, NO EXCEPTIONS. FAILURE TO DO SO WILL RESULT IN EARLY DISMISSAL.

MEDICATIONS:

CAMPERS MUST BRING AN ADEQUATE SUPPLY OF ALL MEDICATIONS FOR THEIR ENTIRE CAMP STAY. ALL MEDICATIONS ARE TO BE IN THE ORIGINAL CONTAINERS WITH ALL PERTINENT INFORMATION LEDGIBLE. BE SURE MEDICATION DOES NOT EXPIRE DURING CAMP STAY. EXPIRED BOTTLES WILL NOT BE ACCEPTED. PILL POXES ARE NOT ACCEPTABLE. CAMPERS BROUGHT TO CAMP WITHOUT THE PROPER AMOUNT OF MEDICINE WILL BE SENT HOME. CAREGIVERS MAY NOT LEAVE CAMP UNTIL THEIR CAMPER IS CHECKED IN AND CLEARED BY THE CAMP NURSE. IN THE EVENT A CAMPERS MEDICINE IS INCORRECT, THE CAREGIVER MAY CALL THE DOCTOR AND HAVE A PRESCRIPTION CALLED IN TO THE LOCAL MT. UNION PHARMACY TO BE PICKED UP IMMEDIATELY BY THE CAREGIVER. FINDING ADEQUATE SUPPLIES OF MEDICATION IS NOT THE CAMP'S RESPONSIBILITY!

*****ATTENTION PARENTS***** If your child takes behavior modification drugs during the school year, such as Ritalin, it is strongly advised not to discontinue use while at camp. Camp is a very structured setting, discontinuing behavior meds can severely affect your child's ability to focus and receive the full benefits of the camp experience.

INSURANCE:

CAMPERS SHOULD ATTACH A COPY OF THEIR INSURANCE COVERAGE TO THE HEALTH/MEDICATION FORM YEARLY. COPIES OF THEIR DEPARTMENT OF ASSISTANCE (ACCESS), OR ANY OTHER HEALTH INSURANCE COVERAGE. PA LIONS BEACON LODGE CAMP CARRIES INSURANCE TO COVER MEDICAL EXPENSES INCURRED BECAUSE OF ACCIDENTS ONLY. COVERAGE IS NOT EXTENDED TO DENTAL CARE, ILLNESS OR MEDICATIONS. ANY FEE'S NOT COVERED BY INSURANCE ARE THE CAMPER'S RESPONSIBILITY.

ATTENTION NURSING HOME, PERSONAL CARE, AND/OR GROUP HOME RESIDENTS:

YOU MAY CONTACT YOUR PHARMACY AND REQUEST A LEAVE OF ABSENCE MEDICINE PACK FOR THE DURATION OF YOUR CAMP STAY. THIS WILL ENSURE AN ADEQUATE NUMBER OF MEDS ARE BROUGHT TO CAMP, THE MEDS BROUGHT ARE PROPERLY LABELED, AND THE TIMES ARE DESIGNATED PER PACKAGE. CALL YOUR LOCAL PHARMACY FOR MORE INFORMATION.

