

Any and all prescription and non-prescription medications which must be administered to a camper during camp hours must be administered by the child/youth's parent/legal guardian, or his/her designee. No medications, prescription or non-prescription, will be administered by the ECP camp director, director assistants, ECP office manager, or any ECP camp volunteer.

In the case of a chronic or acute disease or medical condition, a child/youth may be authorized to possess and self-administer medication if said medication is necessary in an emergency situation. In such case, the parent/legal guardian must submit the following release form prior to the first day of camp.

Child/Youth Authorization to Possess and Administer Medication

Parent Authorization

I authorize my son/daughter (name)_____ (DOB)_____ to possess and self-administer medication for a chronic or acute disease or medical condition if said medication is necessary in an emergency situation.

Parent/guardian signature_____ Date_____

Physician's Statement

I certify that I am the above named student's physician and that the student has an acute or chronic disease or medical condition for which I have prescribed the following medication to be used in an emergency:

Specify medical condition or disease:_____

Medication, dosage and time/condition under which to be given:

I further certify that the nature of the disease or medical condition may require emergency administration of the medication and that the student has been instructed in how to self-administer the medication.

Physician's signature_____ Date_____