MOUNT KISCO RECREATION DEPARTMENT
2023 PRESCRIBED & OVER-THE-COUNTER MEDICATION SELF-ADMINISTRATION PERMISSION FORM

PLEASE PRINT CLEARLY.

IF YOUR CHILD NEEDS TO TAKE ANY MEDICATION(S) AT CAMP, THIS FORM MUST BE FILLED OUT, PLACED IN A ZIP-LOCK BAG WITH THEIR FULL NAME ON IT, AND WITH ALL THEIR MEDICATION(S). THIS FORM MUST BE SUBMITTED ONE (1) WEEK BEFORE THE START OF CAMP.

CAMPER, GUARDIAN, AND EMERGENCY CONTACT INFORMATION:

Child's Full Name: _____ Date of Birth: ___/___/___ Grade: _____
Address: _____
Guardians Name: _____ Relationship: _____ Phone: _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____

PHYSICIANS AND HEALTH PROVIDER INFORMATION:

Physician's Name: _____ Physician's #: _____
Health Insurance Carrier: _____ Policy #: _____

PRESCRIBED & OVER-THE-COUNTER MEDICATION INFORMATION:

PLEASE LIST ALL MEDICATIONS.
PLEASE ATTACH ANY ADDITIONAL MEDICATIONS ON A SEPARATE SHEET OF PAPER TO THE BACK OF THIS FORM.

NAME OF MEDICATION(S):	EXPIRATION DATES:	WHEN TO ADMINISTER:	DOSAGE AMOUNT(S):

All medications MUST:

- ✓ Be submitted in its Original Container, Packaging, and/or Prescription Bottle.
- ✓ Have the child's Full Name CLEARLY written on the medication.
- ✓ Have a Date of Expiration.
- ✓ Brought to camp in a Ziploc bag with the child's Full Name CLEARLY written on the bag, and all the necessary forms filled out and placed inside.

PLEASE NOTE: If your child is going to carry their medication(s), please make sure that the medication is easily accessible, and that you provide all of the information above.

PRESCRIBED & OVER-THE-COUNTER MEDICATION INFORMATION:

PLEASE CHECK THE APPROPRIATE BOX(S), AND INITIAL EACH ITEM SELECTED BELOW.

□ I hereby authorize a trained camp staff member to administer the Prescribed/OTC Medication at camp to my child, as stipulated on this form and any additional information submitted in writing. **INITIALS:** _____

□ I request that my child's prescribed medication be secured and self-administer in the Camp Office under the supervision of the camp staff. I hereby certify that my child has been instructed and is capable of proper self-administration of the Prescribed/OTC Medication. **INITIALS:** _____

□ I request that my child be permitted to carry and self-administer their Prescribed/OTC Medication at camp. I hereby certify that my child has been instructed NOT to: use/take the Prescribed/OTC Medication without a medical designee/camp staff person present, use this medication unsafely or irresponsibly, and that they will keep this medication out of reach of other campers. I understand that the Village/Town of Mount Kisco Recreation Department/Commission is NOT responsible for lost, stolen, or improperly discharged medication. **PLEASE NOTE:** If any of the above items occur, the camper will immediately be brought to the camp office and their parents/guardians contacted. **INITIALS:** _____

□ I hereby authorize camp staff members to: seek emergency treatment at a medical facility, observe, supervise the above-named child in an emergency, and/or while self-administering listed prescribed/OTC medication. **INITIALS:** _____

SIGNATURE OF GUARDIAN:

_____ _____ ___/___/___
SIGNATURE OF GUARDIAN PRINTED NAME OF GUARDIAN DATE

PLEASE ATTACH ANY ADDITIONAL INFORMATION TO THE BACK OF THIS FORM.