

**2024 CAMP IROQUOIS**  
**PRESCRIPTION AND OVER-THE-COUNTER (OTC)**  
**MEDICATION ADMINISTRATION PERMISSION FORM:**

**PLEASE PRINT CLEARLY, CHECK ALL APPROPRIATE BOXES, INITIAL, AND SIGN BELOW.**

**IF YOUR CHILD NEEDS TO TAKE ANY MEDICATION AT CAMP,  
THIS FORM MUST BE FILLED OUT AND PLACED IN A ZIP-LOCK BAG  
WITH THEIR FULL NAME ON IT, AND ALL THEIR MEDICATIONS INSIDE.**

**THIS FORM MUST BE SUBMITTED ONE (1) WEEK BEFORE THE START OF CAMP.**

**CAMPER AND GUARDIAN CONTACT INFORMATION:**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**PRESCRIPTION AND OVER-THE-COUNTER (OTC)**  
**MEDICATION INFORMATION:**

**PLEASE CHECK THE APPROPRIATE BOXES, AND INITIAL EACH ITEM SELECTED BELOW.**

I give my child \_\_\_\_\_ entering grade (in September) \_\_\_\_\_, permission to self-administer, carry and self-administer, and/or receive assistance from camp staff with the Prescription and/or Over-The-Counter (OTC) Medication they have brought to camp.

**PRESCRIPTION AND/OR OVER-THE-COUNTER (OTC) MEDICATION INFORMATION:**

Will your child bring Medication(s) to camp?

Prescription                       Over-The-Counter                       Both

INITIALS: \_\_\_\_\_

- SELF-ADMINISTRATION** - I request that my child's Prescription and/or Over-The-Counter (OTC) Medication(s) 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 and/or OTC Medication.

INITIALS: \_\_\_\_\_

- CARRY AND SELF-ADMINISTER** - I request that my child be permitted to carry and self-administer their Prescription and/or Over-The-Counter (OTC) Medication(s) at camp. I hereby certify that my child has been instructed NOT to use/take the Prescription and/or OTC Medication without a medical designee/camp staff person present, use this medication unsafely or irresponsibly, and that they will keep all their medication(s) 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(s). **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: \_\_\_\_\_

- STAFF ASSISTANCE** - I hereby authorize a trained camp staff member to administer the Prescription and/or Over-The-Counter (OTC) Medication and any additional information submitted in writing, as stipulated on this form to my child at camp.

INITIALS: \_\_\_\_\_

- EMERGENCY TREATMENT** - I hereby authorize camp staff members to seek emergency treatment at a medical facility, observe, and supervise the above-named child in an emergency, and/or while self-administering listed Prescription and/or OTC medication(s).

INITIALS: \_\_\_\_\_

**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 an Expiration Date.
- 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.

\_\_\_\_\_  
SIGNATURE OF GUARDIAN

\_\_\_\_\_  
PRINTED NAME OF GUARDIAN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**PLEASE ATTACH ANY ADDITIONAL INFORMATION TO THIS FORM.**