

# The Lamb's Chapel Authorization of Medication for a Camper/Worker Under 18 at Camp Hanes

### PURPOSE OF THIS FORM:

This form gives The Lamb's Chapel officials, members and adult chaperones permission to administer medication during camp hours and/or while in transit to and from church camp.

As the parent/legal guardian of the camper/minor worker listed here, I hereby give my permission for my child to receive the medication prescribed below during church camp at Camp Hanes and/or while in transit to or from camp. A practitioner authorized to prescribe medication has prescribed this medication. I am furnishing this medication in the container as issued by the pharmacy. I hereby release The Lamb's Chapel and its agents and employees from any and all liability that may result from my child taking the prescribed medication.

_____
CHILD'S NAME
Home Phone # (_____) _____
Mom's
Cell # (_____) _____
Dad's
Cell # (_____) _____

Signature of Parent/Guardian \_\_\_\_\_

Please print above name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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PLEASE CHECK: Prescription: \_\_\_\_\_ Non-Prescription \_\_\_\_\_

In order to keep this person in optimum health and to help maintain maximum performance, it is necessary that medication be given during camp hours and/or while in transit to or from church camp.

Medication: \_\_\_\_\_

Medical Condition requiring medication: \_\_\_\_\_

Circle medication to be given or applied: Liquid    Tablet    Ointment    Capsule    Inhalation

Dosage (amount to be given): \_\_\_\_\_

How often and at what time: \_\_\_\_\_

Side effects: \_\_\_\_\_

No injection will be given except for diabetic care or extreme emergency, such as severe allergy.

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### FOR CASES WHERE SELF-MEDICATION OF EMERGENCY MEDICATION IS NECESSARY:

#### (Prescriber's initials required)

Camper/minor worker may carry and self-administer medication.    Yes    No

Camper/minor worker has been instructed, understands and demonstrates the skill level necessary to use medication and any device necessary to administer medication: PRESCRIBER'S INITIALS \_\_\_\_\_

Printed name of initialing Prescriber: \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

This camper/minor worker has asthma \_\_\_\_\_.

This camper/minor worker has allergy(s) that could result in anaphylactic shock. \_\_\_\_\_

Other (describe) \_\_\_\_\_

PARENT'S PERMISSION FOR CAMPER/MINOR WORKER TO SELF-MEDICATE (NOTE: Additional parent signature required). I give my permission for my child/worker under 18 (named above) to possess and self-administer the medication prescribed above on the way to and/or during and returning from camp. I hereby release The Lamb's Chapel and its agents and employees from any and all liability that may result from my child's possession or taking the above-prescribed medication. (Student must follow responsibilities regarding medication).

\_\_\_\_\_  
Signature of Parent/Guardian