Town of Bedford Recreation and Parks Department
Medication Permission

Dear Parent/Guardian,

PLEASE NOTE

- Any Camper/staff member needing to take/have medication during the camp day must submit Permission for Medication Form.
- Please use the Town of Bedford Medical Forms. School forms are not valid. You and your child's prescribing Doctor must sign this form.
- There are two forms- one for medication and one for Epi Pen/ Inhalers. Permission needed for OTC medications that are prescribed by physician (ex Benadryl). Please fill out the appropriate form.
- Please remember that all medication must be current and in its **original package or prescription bottle.**
- Please be sure to bring all medications and completed form on the ***First*** day your child attends camp. Campers will not be able to participate in camp without appropriate form on file. If needed Directors can withdraw campers from groups without medical forms.
- All Medicine should be brought in Ziploc bag in its original container, with child's name and picture. If your child is to carry his/her own medication, please make sure it is clearly labeled and easily accessible.
- Medication should be picked up on the campers last day of camp. After camp ends all medications can be picked up at the Recreation Department. All medicines not picked up will be discarded by September 1st.

Thank you. We look forward to a safe and healthy summer!

Sincerely,

Kimberly O'Brien

Town of Bedford Recreation and Parks Department

PERMISSION FOR MEDICATION AND SELF ADMINISTRATION

As outlined in the Children's Camps Safety Plan Guide Secion IV Part C- Medication must be self administered

NAME OF CAMPER _____ DATE OF BIRTH _____

Full address _____

Mother's Name _____ Day Time # _____ Cell _____

Father's Name _____ Day Time # _____ Cell _____

MEDICAL INFORMATION

Physician Name _____ Physicians Phone _____

Health Insurance Carrier _____ Policy Number _____

MEDICATION	DOSAGE	WHEN TO ADMINISTER

All medication must be in original container with original prescription label and have current date of expiration.

Any Additional Information: _____

_____

_____ I request that my child's prescription medication be securely stored in the camp office under the supervision of the camp staff. I certify that my child has been instructed and is capable of proper self administration of the medication.

_____ I request that my child be permitted to carry his/her prescribed medication at camp. I certify that my child has been instructed and is capable of proper self administration of the medication. My child has been instructed not to take the medication without medical designee present. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other campers, he/she will be taken to the camp office immediately and a call to the parent/guardian will be placed. I understand that the Town of Bedford Recreation and Parks Department is not responsible for lost, stolen or improperly discharged medication.

I give permission to the onsite medical designee to seek emergency treatment at a hospital emergency room and to observe the above named camper while self-administering the above mentioned medication(s).

_____ _____ _____

Signature of Parent/ Guardian Printed Name of Parent/Guardian Date

_____ _____ _____

Signature of Child's Physician Printed Name of Child's Physician Date

Town of Bedford Recreation and Parks Department

PERMISSION FOR CAMPERS WIH PRESCRIPTION EPI-PEN and/or INHALER

NAME OF CAMPER _____ DATE OF BIRTH _____

Full address _____

Mother's Name _____ Day Time # _____ Cell _____

Father's Name _____ Day Time # _____ Cell _____

MEDICAL INFORMATION

Physician Name _____ Physicians Phone _____

Health Insurance Carrier _____ Policy Number _____

TO BE COMPLETED BY PHYSICIAN or PRESCRIBED LICENSED HEALTH CARE PROVIDER

All medication must be in original container with original prescription label and have current date of expiration.

CHILD'S DIAGNOSIS_____

MEDICATION NAME_____ Dosage _____Frequency _____

MEDICATION NAME_____ Dosage _____Frequency _____

If medication is to be given "when needed," please circle indications

1. Swelling of lips, tongue, throat and or around the eyes
2. Difficult swallowing
3. Tightness in chest and or difficulty breathing
4. Shortness of Breath
5. Sever cough or wheezing
6. Itchiness around the mouth
7. Itchiness all over body
8. Rash (Hives):
9. Other _____

Action to be taken? _____

How soon may it be repeated? _____

Additional information _____

_____

_____ I request that my child's prescription epi-pen or inhaler be securely stored in the camp office under the supervision of the camp staff. I certify that my child has been instructed and is capable of proper self administration of the medication.

_____ I request that my child be permitted to carry his/her prescribed epi-pen or inhaler at camp. I certify that my child has been instructed and is capable of proper self administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other campers, he/she will be taken to the camp office immediately and a call to the parent/guardian will be placed. I understand that the Town of Bedford Recreation and Parks is not responsible for lost, stolen or improperly discharged medication.

I give permission to the onsite medical designee to seek emergency treatment at a hospital emergency room and to observe the above named camper while self-administering the above mentioned medication(s).

_____ _____ _____

Signature of Parent/ Guardian Printed Name of Parent/Guardian Date

_____ _____ _____

Signature of Child's Physician Printed Name of Child's Physician Date