



Dear Parent/Guardian,

PLEASE NOTE:

- Any Camper/staff member needing to take/have medication during the camp day **must** submit a Medication Permission Form.
- Please use the Town of Bedford Permission Forms. School forms are not valid. You and your child's prescribing Doctor must sign this form.
- Please fill out the appropriate form(s): Medication Permission Form and/or Permission Form for EPI-Pen or Inhalers. Permission is needed for OTC medications prescribed by a physician; ex: Benadryl.
- Please remember all medication must be current and in its **original package or prescription bottle.**
- The **FIRST** day your child attends camp, please be sure to bring all medications and completed form(s). Campers will not be able to participate in camp without appropriate form(s) on file. If needed Directors can withdraw campers from groups without medical forms.
- All medicine must be in a 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 may 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
MEDICATION PERMISSION FORM**

As outlined in the Children's Camps Safety Plan Guide Section IV Part C

CAMPER NAME:	DATE OF BIRTH:
FULL ADDRESS:	
MOTHER'S NAME:	PHONE #:
FATHER'S NAME:	PHONE #:

MEDICAL INFORMATION

Medication must be self-administered

PHYSICIAN'S NAME:	DOCTOR'S PHONE #:
HOSPITALIZATION INSURANCE CO:	ID #:

MEDICATION	DOSAGE	FREQUENCY

Any Additional Information:

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

_____ 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 their 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 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 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).

Parent Signature:	Print Name:	Date:
Physician's Signature	Print Physician's Name:	Date:

Town of Bedford
PRESCRIPTION EPI-PEN and/or INHALER PERMISSION FORM

CAMPER NAME:	DATE OF BIRTH:
FULL ADDRESS:	
MOTHER'S NAME:	PHONE #:
FATHER'S NAME:	PHONE #:

MEDICAL INFORMATION

Medication must be self-administered

PHYSICIAN'S NAME:	DOCTOR'S PHONE #:
HOSPITALIZATION INSURANCE CO:	ID #:

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	DOSAGE	FREQUENCY

Please check all indications that apply, if medication is to be given "when needed":

- | | |
|--|---|
| <input type="checkbox"/> Swelling of lips, tongue, throat & or around the eyes | <input type="checkbox"/> Itchiness around the mouth |
| <input type="checkbox"/> Difficult swallowing | <input type="checkbox"/> Itchiness all over body |
| <input type="checkbox"/> Tightness in chest and or difficulty breathing | <input type="checkbox"/> Rash (Hives) |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sever cough or wheezing | |

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).

Parent Signature:	Print Name:	Date:
Physician's Signature	Print Physician's Name:	Date: