

Medication Protocol:

All medications (both over-the-counter and prescribed) must be cleared by the camper's guardian (additionally all prescribed meds must be cleared by a Physician) by filling out the appropriate documented forms: Over-the-Counter Medication Permission Form and/or Prescription Medication Form. Additionally, all camper guardians-must fill out the Nature Adventure's Release Form.

Over-the-Counter Medications:

Parents/Guardians must fill out the "Over-the-Counter" medication permission form, specifying what over-the-counter item they would like their child to take. This would include things like antacids, aspirin and topical treatments (such as Technu). Please indicate if the camper can self-administer the specified medication or if a responsible staff member (over 18) must administer the specified over-the-counter medication.

Campers cleared to self-administer are expected to be responsible for their over-the-counter item at all times, and it is suggested that they carry it in a backpack. The guardian *must* provide the over-the-counter medication in a clearly marked zip loc bag (and in original packaging) with the child's name and session. Over-the-counters may not be administered if the "Over-the-Counter Medication Permission" form has not been filled out and turned in.

Prescribed medications (from a medical professional):

Prescribed medications includes epi-pens, inhalers, & antibiotics. The Prescription Medication Permission form must be filled out and signed by a Physician and the release waiver must also be filled out by the guardian. All meds should be provided in original packaging and with a labeled zip loc bag that indicates the camper's name and camp session. If a camper is explicitly cleared to carry an epi-pen, inhaler or prescribed medicine on their person they must have it at all times. It is recommended that the student carries this in something like a backpack. If your child is not capable of handling or administering their prescribed medication please inform the Camp Director (Ty Chin) as soon as possible.

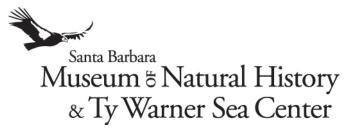
Please email: tchin@sbnature2.org for more details.



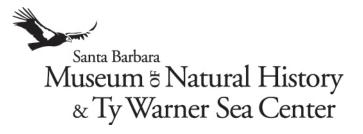
Prescription Medication Permission Form

(Authorization to Administer/Dispense Prescription Medications by SBMNH Youth Camp Personnel)

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□ Prescription Medications must be in pharmacy prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency, authorized prescriber's name and date of the original prescription. Over the counter medication must be in the original container and labeled with the child's name (See separate form).
(This Section MUST be SIGNED by a legally authorized prescriber (e.g. Physician or Dentist))
AUTHORIZED PRESCRIBER'S ORDER: Date//Name of Child
Date of Birth/
Street Address
City/TownState
Condition for which drug is being administered during camp hours
DRUG: Name of Drug, Dose and Method of Administration
Times of Administration:,, Medication shall be administered from//
Relevant side effects to be observed, (if any):



If there are side effects to medication(s), what is the plan for management?:			
	_		
Is this a controlled drug?			
	_		
Allergies: Reaction to, or negative interaction with food or drugs? If YES, list :	_		
The legally authorized Prescriber's Name			
(Print Name Clearly)			
Phone # ()			
Street Address			
City/Town State			
Authorized Prescriber:			
Signature			
(Parent or Guardian, please complete Parent/Guardian Authorization as well)			



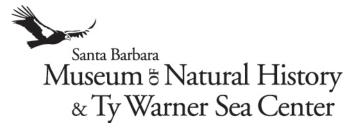
Parent/Guardian Authorization for Prescribed Medications

Authorization by Parent/Guardian for the administration of the above med//	ication: Date:
(Parent or Guardian's Signature Required) I hereby agree that the above medication, ordered by the legally authorized (M.D., P.A., APRN) for my child, dispensed by camp personnel.	
I understand that I must supply the SBMNH Youth Camp with the prescription the original container, dispensed and properly labeled by a legally author prescriber. Over the counter medication shall be in the original container, parent/guardian with the child's name (use separate Nonprescription Medi Permission form). If administered by SBMNH Youth Camp personnel, I use the person giving the medication may not be medically trained. I agree to SBMNH immediately of any changes relating to the medication or other no information, including changes in when or if the medication is taken or and the medication. I agree that when the medication(s) is/are discontinued, or completion of the camp, I will pick up all unused medication. Unclaimed may be discarded or destroyed.	labeled by the lecation anderstand that inform the nedical y reaction to upon
Name of Parent or GuardianClearly)	(Print Name
Signature	
Relationship to child	
Address	
City/TownState	
Zip Code Phone ()	
(Authorization to Dispense Nonprescription Medications is a Separate Fo Attached)	rm – See



Over the Counter (O.T.C.) Medication Permission Form

Date received by SI	BMNH Camp:
MEDICATION M	UST BE BROUGHT IN THE ORIGINAL CONTAINER
Child:	Date of birth (age):
TO BE COMPLET	TED BY THE PARENT OR GUARDIAN
Reason for medication	
Name of medication	:
Liquid	/treatment: Tablet/Capsule Injection Other
Instruction: (list spec	cific times dosage should be given):
Start date:	Stop date:
For episodic/o	emergency events only
RESTRICTIONS a NONE antici	and/or important side effects: pated
Yes Write clearly effects.	y on the reverse side of this form any specific restrictions or side
Special requirements	s:NoneRefrigerateOther:
Physician Name:	
Address:	
Phone:	



TO BE COMPLETED BY PARENT/GUARDIAN:

receive the above medication the medication may not be n of any changes relating to th changes in when or if the me medication is discontinued,	of child)	person giving IH immediately cluding ation. When
Date:	Signature:	_