

Prescription Medication Administration Form For Express C.A.M.P.

The parent/guardian of _____ requests that the Express C.A.M.P. staff member, Haley Thompson, administers the following prescription medication _____ during camp hours according to the Parent/Guardian's signed instructions below.

Haley Thompson agrees to administer prescription medication prescribed by a licensed health care provider only. It is the parent's/guardian's responsibility to furnish the medication. The parent/guardian agrees to pick up unused medication and the prescription bottle on the last day of camp, July 11, 2025. Any medication left after 3 PM on July 11, 2025, will be properly disposed of.

On the first day of camp, prescription medications must be provided to Haley Thompson in a pharmacy-labeled container with clear dosage instructions.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with Haley Thompson, the delegate to administer medication, should clarification be needed.

Parent/Guardian Printed Name Parent/Guardian Signature Date

Daytime Phone # Cell Phone #

Complete one form for each medication

Name of Prescription Medication Dosage Time to administer medication

Medication Start Date Medication End Date

Name of Prescribing Provider Provider's Phone Number

Special instructions or side effects to know

Please ask the pharmacist for a separate medicine bottle with a label to keep at camp

Authorization to Self-Carry/Administration of Metered Dose Inhaler Release Form

Student _____ DOB _____

Medication Dose _____ Time _____

Method of Administration Metered Dose Inhaler Spacer (Y/N) _____

Diagnosis _____ Other _____

Possible Side Effects/Precautions/Recommended Interventions:

Duration (dates) of Administration: From July 7, 2025 to July 11, 2025

I request that my child be allowed to carry/self-administer his/her Metering Dose Inhaler medication and be responsible for its proper storage and use. I take responsibility for this permission. I understand this medication must be in the original pharmacy container, labeled with the student's name. I will support my child in following the above agreement, and if s/he does not, I will be contacted, and we will develop a new plan.

By signing this document, I give permission for my child's healthcare provider to share information about the administration of this medication with the nurse delegated to administer medication should clarification be needed.

Parent/Guardian Signature

Date

Daytime Telephone Number

I have demonstrated the correct use/administration of this medication and agree to the terms of this contract. I will keep the medication in the agreed location, will not share this medication with others, and will seek assistance from Haley Thompson if I have the following symptoms after using the medication:

Student Signature

Date

Name of Prescribing Provider

Provider's Phone Number

Authorization to Self-Carry/Administration of EpiPen Release Form

Student _____ DOB _____

Medication Dose _____ Time _____

Possible Side Effects/Precautions/Recommended Interventions:

Duration (dates) of Administration: From July 7, 2025 to July 11, 2025

I request that my child be allowed to carry/self-administer their EpiPen and be responsible for its proper storage and use. I take responsibility for this permission. I understand this medication must be in the original pharmacy container, labeled with the student's name. I will support my child in following the above agreement, and if they do not, I will be contacted, and we will develop a new plan.

I hereby authorize the Prindle Institute for Ethics, and its agents and representatives, to administer an epinephrine to the camper if they are experiencing an allergic reaction and cannot inject themselves. I understand that epinephrine may be administered by any trained staff member; however, said staff member may not be a licensed medical professional. I also understand that camp staff will contact emergency medical services and the parent or individual listed as emergency contact for the camper whenever epinephrine is administered, regardless of whether the camper continues to exhibit symptoms of anaphylaxis. I hereby agree to indemnify, release, and hold harmless DePauw University, the Prindle Institute for Ethics, its directors, officers, agents, employees, and staff from any claim, demand or action regarding the administration of epinephrine.

By signing this document, I give permission for my child's healthcare provider to share information about the administration of this medication with the nurse delegated to administer medication should clarification be needed.

Parent/Guardian Signature Date Daytime Telephone Number

I have demonstrated the correct use/administration of this medication and agree to the terms of this contract. I will keep the medication in the agreed location, will not share this medication with others, and will seek assistance from the camp nurse if I have the following symptoms after using the medication:

Student Signature Date

Name of Prescribing Provider Provider's Phone Number