

## **Easterseals Camp Stand By Me Parent Intake**

\*All campers required to have this form filled, signed, and dated by Parent/Guardian annually (or as updates are needed prior).

	nper Nam		gency and/or me	dical questions in	Date of order of you would li		
1	Name:		Rel	ationship:	Best #:	Other #:	
2	Name:	Name:		ationship:	Best #:	Other #:	
low	does the	camper take med	ications?				
		CRUSHED	WHOLE	G-TUBE	OTHER:		
		w/WATER	w/APPLESAU	JCE w/PUDE	DING		
		(If camper takes r	nedications in some	thing other than ap	plesauce or pudding, plea	ase bring to camp)	

Camp has the following over-the-counter (OTC) medications available, per standing orders. Please specify which of these medications your camper might use. May the following be given if the need arises?

OTC Medications	YES	NO	OTC Medications	YES	NO
Acetaminophen			Anti-diarrheal		
Ibuprofen			Antacid		
Antihistamine			Miralax/Polyethylene glycol		
Decongestant			Milk of Magnesia		
Cough Syrup			Midol/Menstrual Relief Tabs		
Melatonin			Saline Enema		
Docusate sodium			Throat spray/lozenge		

Parent Signature:	Date:

## For Campers Bringing Medications: CAMP MEDICATION REQUIREMENTS & INSTRUCTIONS

- 1. All medications (including over-the-counter medications) MUST come in original, pharmacy-packed containers, and need to be clearly labeled with:
  - a. Camper Name
  - b. Drug Name and Strength
  - Current Dosage and Times given
- 2. The Camp Medical staff suggest that you arrange for camper medications to be packaged in bubble-packed, pillpacked, or other pre-packaged forms from your pharmacy for their session at camp. Please request this at the time of your Camp Physical, and if you have already had your physical, please make a simple call to your Primary Care Physician (PCP) to request "your prescription and regularly taken over-the-counter medications/supplements be filled for the camp sessions in bubble or pill packs." Most pharmacies are used to packaging medications in this manner, and will be able to do so for the dates requested.
- 3. All medications (prescription, over-the-counter, vitamins, and supplements) will be turned in and reviewed by the nurse during check-in.
- 4. Please provide enough medication for the duration of camp plus 2 extra days.
- 5. Please supply and label any specialty medical supplies necessary for the camper.
- 6. Unused medications/supplies will be returned on the day of departure.
- 7. Any food, water, or formula passed through a G-tube must be included on the MAR with physician instructions.
- 8. Please include any "rescue" medications, enemas, and other treatments that may need to be given at Camp.