



Our Lady of Lourdes Summer Camp

3924 Berkley Street, Slidell, LA 70458

985-643-3230 FAX-985-645-0648

**PARENTAL REQUEST FOR ADMINISTERING MEDICATION
AND RELEASE FROM LIABILITY**

CAMPER NAME _____ DOB _____

ADDRESS _____

PARENT/GUARDIAN NAME _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

- I hereby give permission to give the following medication prescribed by a physician. (physician signature is required) YES _____ NO _____
- I have administered the initial dose ordered at home and have allowed sufficient time for observation of adverse reactions before asking the camp to administer the medication. YES _____ NO _____
- My child has permission to carry and self-administer his/her inhaler/emergency medication if ordered by the prescriber. YES _____ NO _____
- Do you assume responsibility for your child's actions in his/her self-management of medication? YES _____ NO _____

I give permission to the camp to share with appropriate personnel information (such as adverse side effects) relative to the prescribed medication administration as the camp determines necessary for my son/daughter's health and safety. YES _____ NO _____

Signature of Parent/Guardian

Date Signed

TO BE COMPLETED BY PHYSICIAN, DENTIST OR OTHER AUTHORIZED PRESCRIBER

This medication will be administered by unlicensed, trained, camp personnel. Please make the following orders clear enough for them to understand.

DIAGNOSIS _____

MEDICATION _____ DOSAGE _____

DISCONTINUE DATE _____ DOSAGE TIME _____

Possible side effects/contradictions/adverse reactions: _____

Please list other medications being taken by this camper: _____

Allergies _____

NOTICE: USE THIS SECTION ONLY FOR A CAMPER WHO WILL SELF-ADMINISTER HIS/HER OWN MEDICATION, SUCH AS INHALER, EPI PEN OR OTHER EMERGENCY MEDICATION.

Has this camper been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer at camp provided the staff has determined it is safe and appropriate for this camper in the particular camp setting? YES _____ NO _____

Do you give authorization for this camper to carry his/her own medication, if it is requested by the parent and the camp staff has determined it safe and appropriate? YES _____ NO _____

PHYSICIAN'S NAME (PLEASE PRINT) _____

PHYSICIAN'S SIGNATURE _____

ADDRESS _____ PHONE _____