younglife

MEDICATION RIDER TO HEALTH & CONSENT FORM

For New York State Camps – Lake Champion & Saranac Village

Camp Week :_____

Area Number: _____

PLEASE PRINT THIS FORM AND TAKE TO YOUR CAMPER'S HEALTH CARE PROVIDER (HCP) FOR COMPLETION. *Return the completed form to your child's Trip Leader or fax directly to the camp your camper is attending.*

NOTE TO PARTICIPANT/PARENTS-GUARDIANS: New York State requires that all campers' medication must be accompanied by this patient-specific written order by your child's **Health Care Provider** . Pharmacy labeling on the medication is not sufficient for this purpose as the medication, dosage, and or regimen may have been changed since the pharmacy filled the prescription. All medications must be turned over to camp staff and secured in the infirmary or other area under the control of staff except for emergency medications such as epinephrine auto-injectors and inhalers. This medication rider must be completed by your child's **Health Care Provider** to authorize camp medical staff to administer and assist with self-administration of prescription medications.

TO BE COMPLETED BY PARENT/GUARDIAN:

Name of Participant_____ Birth date_____ Age_____ Sex_____
Last, First, Middle

Parent/Guardian Name _____ Phone Number_____
Last, First, Middle

TO BE COMPLETED BY HEALTH CARE PROVIDER

The authorization schedule below must be completed by the child's healthcare provider for each medication. All medications must be brought to camp in the original container with the label attached. Attach additional sheets if necessary.

Name of Prescription	Manner of Administration	Dosage	Frequency	Instructions/Comments
			❑ Breakfast ❑ Bedtime ❑ Lunch ❑ Other ❑ Dinner	
			❑ Breakfast ❑ Bedtime ❑ Lunch ❑ Other ❑ Dinner	
			❑ Breakfast ❑ Bedtime ❑ Lunch ❑ Other ❑ Dinner	
			❑ Breakfast ❑ Bedtime ❑ Lunch ❑ Other ❑ Dinner	
			❑ Breakfast ❑ Bedtime ❑ Lunch ❑ Other ❑ Dinner	

PERMISSION TO PROVIDE THE FOLLOWING OTC MEDICATIONS

OTC Products (Stocked by Young Life)	HCP Approval		Special Comments/ Indications for use
Acetaminophen (i.e. Tylenol)	❑ Yes	❑ No	
Ibuprofen (i.e. Advil/Motrin)	❑ Yes	❑ No	
Antihistamine (i.e. Benadryl)	❑ Yes	❑ No	
Allergy (i.e. Claritin)	❑ Yes	❑ No	
Antacid Tablets (i.e. Tums)	❑ Yes	❑ No	
Immodium	❑ Yes	❑ No	
DayQuil	❑ Yes	❑ No	
NyQuil	❑ Yes	❑ No	
Midol	❑ Yes	❑ No	
Antibiotic Ointment	❑ Yes	❑ No	
Calamine, Hydrocortisone	❑ Yes	❑ No	

With a HCP approval, the noted NON-Prescription medications may be taken during the camp week. The OTC Products (name brand and generic) will be dosed according to the package instructions, unless otherwise noted.

Young Life maintains a stock of standard Over the counter Medications (OTCs). Please do not send your camper with these OTC medications.

HEALTH CARE PROVIDER: NAME & SIGNATURE

Name of HCP:_____

HCP Phone: _____

HCP Signature:_____

Date:_____