



Tehama County 4-H Camp

Camp Medical Instructions and Authorization

Camper's Name _____

All prescription and over the counter medications are kept locked in the health center and will be administered only as authorized by the parent and child's physician. No medication will be administered unless it is received in its original container with the signed authorization form.

1. Determine if your child will need to bring prescription or non-prescription medicine to Tehama 4-H Camp.
 - a. Do not send any of the following non-prescription medications because, with your signed permission, they are already available:
 - Benadryl (localized itch/insect bite)
 - Cortisone .5 %/0 Cream (itch/rash)
 - Caladryl Lotion (poison oak)
 - Neosporin Ointment (minor cuts/scraps)
 - Tylenol (Head/muscle aches)
 - Motrin/Ibuprofen (Head/muscle aches)
 - Cough Drops (Cough)
 - Tums (upset stomach/heartburn)
 - Pepto-Bismol (upset stomach)
 - b. If you are sending other non-prescription medications, please treat them as prescription drugs. Follow the additional procedures for and list them on the medication authorization.

Please check the over-the-counter medications that may be administered by the camp nurse. We will not administer any medications without authorization.

I am authorizing the 4-H Camp Nurse to administer the checked non-prescription medications.

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|----------------------|---------------------------|------|
| Parent/Guardian Name | Parent/Guardian Signature | Date |
|----------------------|---------------------------|------|

2. All medications must be properly labeled and in their original container. No exceptions.
 - Camper's Name (write camper's name on container)
 - Medication Name
 - Prescription label with Physician's name, dosage instructions, quantity, and frequency (prescription only)
 - Spanish labels must be translated to English on the medical authorization form.
 - Expired prescriptions will not be administered.
 - Medications must be listed on the signed medical authorization form with proper instructions.

3. Place all medications (non-prescription and prescription, in the original container) in a zip-lock bag labeled with the camper's name and turn in to the camp nurse at camp check-in.
 - DO NOT send any medication to camp in your child's suitcase.
 - All medications must be turned in to the 4-H camp nurse.

If you have any questions regarding your child's medication or these instructions, please contact the 4-H office 530-527-3101

Camper's name _____ takes the following medications
(Include all prescription medications and non-prescription supplied by the Camper).

| Medication & Dose Form (Tablet/Liquid) | Purpose of Medication | Times Taken & Dosage Prescribed | Special Instructions |
|---|-----------------------|---------------------------------|----------------------|
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Medication Authorization: I request the Tehama 4-H Camp Nurse to administer medication or supervise the camper in self-administration if authorized, as prescribed by the physician. I understand that if any medication remains at the end of camp, it must be picked up by a parent/guardian.

Parent/Guardian Signature

Date