



Tehama County 4-H Camp

Camp Medical Instructions and Authorization

Camper's Name _____

IMPORTANT – PLEASE READ BEFORE COMPLETING

Camp provides common over-the-counter medications (listed below)

Please do NOT send these items with your child.

ALL medications must be turned in to the Camp Nurse

All medications must be in original containers

Please check below to indicate you give permission for the listed medications to be administered by the Camp Nurse. Non-prescription medications will not be administered without authorization. These medications are stored securely and administered by the Camp Nurse.

Medication	Yes	No
Benadryl (localized itch/insect bite)	<input type="checkbox"/>	<input type="checkbox"/>
Cortisone .5% Cream (itch/rash)	<input type="checkbox"/>	<input type="checkbox"/>
Caladryl Lotion (poison oak)	<input type="checkbox"/>	<input type="checkbox"/>
Neosporin Ointment (minor cuts/scrapes)	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol (Head/muscle aches)	<input type="checkbox"/>	<input type="checkbox"/>
Motrin/ibuprofen (Head/muscle aches)	<input type="checkbox"/>	<input type="checkbox"/>
Cough Drops (Cough)	<input type="checkbox"/>	<input type="checkbox"/>
Tums (upset stomach/heartburn)	<input type="checkbox"/>	<input type="checkbox"/>
Pepto-Bismol (upset stomach)	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Initials: _____

I authorize the Camp Nurse to administer medications marked "YES" above.

Does your camper have any allergies?

Anything else we should know?

MEDICATION REQUIREMENTS (READ CAREFULLY)

All medications (prescription AND non-prescription brought from home) must:

- Be in the **original container**
- Be **clearly labeled with camper's name**
- Medications not listed on this form will NOT be administered
 - **Prescription medications MUST INCLUDE:**
 - Physician's name
 - Dosage and frequency
 - Expired medications will NOT be given
 - Spanish labels must be translated into English on this form
 - ALL medications must be turned in to the Camp Nurse

HOW TO TURN IN MEDICATIONS

1. Place ALL medications in a **zip-lock bag labeled with camper's name**
2. Turn in directly to the **Camp Nurse at check-in**

Do NOT pack medications in your child's suitcase
Do NOT send medications with your child

If you have any questions regarding your child's medication or these instructions, please contact 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

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.

Parent Guardian Name **Parent/Guardian Signature** **Date**

Parent/Guardian Initials: _____

I understand that any remaining medication must be picked up at the end of camp.



Camper Release Authorization

I _____ give the Tehama County 4-H program permission to release my camper (child), _____ to the following person(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent Guardian Name

Parent/Guardian Signature

Date

OFFICE USE ONLY BELOW THIS LINE

PRINTED NAME OF PERSON PICKING UP CAMPER

SIGNATURE OF PERSON PICKING UP CAMPER