

Plainsboro Township Summer Recreation Programs Medication Policy and Authorization

The program for which your child is registered is a Recreation Program and as such, medically trained personnel may not be on-site. Written authorization is required for all medications to be brought to camp -- both prescriptions and over-the-counter medications, (includes but not limited to oral medications, medicated ointments and creams).

Prescription medication and over-the-counter medications of any kind requires authorization by a **licensed health care provider**. Please note: Plainsboro Township Summer Program staff **will not administer the first dose of any prescription or over-the-counter medication** due to the potential of adverse reactions.

Prescription medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to camp under the condition that:
1. the camper can self-manage care and delivery of medication 2. written authorization to do so at camp is provided by a licensed health care provider.

Plainsboro Township summer recreation staff **will** administer topical ointments such as, but not limited to: sunscreens, insect repellent, first aid ointments, first aid cleaning agents, and calamine lotion without signed authorization as part of standard first aid care.

Prescription Medications & Over-the-Counter Medications: ***Requires licensed health care authorization and signature and parent signature***

- All medications must be in the original container with label clearly readable
- Containers must hold only the amount required for the day
- Licensed health care provider must provide: the reason medication is needed at camp, & circumstances under which medication is to be given
- Prescription medication must be hand-delivered by parent/guardian to the Camp Director/s or Nurse (if available)
- This form must be signed by a licensed health care provider *and* parent and accompany medication to be brought to camp

Waiver/Consent

*I realize a licensed health care provider may not be present or available during the administration of medication and hereby give my permission for the Plainsboro Township Summer Recreation Camp staff to administer the below named medication to the child named below at the time(s) listed. **Prescription medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to camp under the condition that the camper can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider.***

over→

Name of Health Care Provider (please print) _____

Health Care Provider Signature _____ Phone _____

Physician License Number _____

Name of Medication(s) _____

Purpose of medication _____

Dosage _____ To be given _____

Is the camper capable of self-managed care? See above! _____

Parent Signature _____ Date _____

Child's Name _____ Age _____

Comments and additional information, (please include length of time child has been on medication and adverse reactions):

Parent's phone number: Home _____ Work _____ Cell _____

FOR OFFICE USE

Comments _____

Disposition _____