

# Cal Athletic Camps Medication Form

Please complete parts 1-3 and bring form and medications to camp check-in.

Name of Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(last) (first)

Camp Name & Dates \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SIGNED FOR ALL PRESCRIPTION AND OVER THE COUNTER MEDICATIONS BROUGHT TO CAMP. All medications must be in the original container. All medications will be kept by the camp staff unless you choose to allow your child to carry an asthma inhaler or emergency medication (i.e. EpiPen or Inhaler). All medications must be given to Camp staff by a parent or guardian, DO NOT SEND MEDICATIONS WITH YOUR CHILD.**

## PART 1: MEDICATION INFORMATION: All medications must be in their original container.

1) Name of Medication \_\_\_\_\_ Form \_\_\_\_\_ Dose \_\_\_\_\_  
(liquid, tabs, inhaler, etc.)

Schedule of Doses \_\_\_\_\_ Date to Stop Medication \_\_\_\_\_

Restrictions \_\_\_\_\_

2) Name of Medication \_\_\_\_\_ Form \_\_\_\_\_ Dose \_\_\_\_\_  
(liquid, tabs, inhaler, etc.)

Schedule of Doses \_\_\_\_\_ Date to Stop Medication \_\_\_\_\_

Restrictions \_\_\_\_\_

## PART 2: PARENT/GUARDIAN

I request that authorized personnel assist this camper in taking the medication(s) referenced above.

I certify that this camper is competent to self administer the medication(s) referenced above.

\_\_\_\_\_  
Parent/Guardian Signature Printed Name/Relationship Date

( ) \_\_\_\_\_  
Main Contact Phone

( ) \_\_\_\_\_  
Alternate Contact Phone

## PART 3: PERMISSION TO CARRY ASTHMA INHALERS/EPIPENS

PARENT/GUARDIAN: I permit my child to carry the above-listed asthma inhaler/emergency medication as ordered by his/her physician.

\_\_\_\_\_  
Parent/Guardian Signature Printed Name Date

CAMPER: I have been instructed in the proper use of my medication and will take it as prescribed.

\_\_\_\_\_  
Camper Signature Printed Name Date

## PART 4: CAMP DIRECTOR

Person(s) designated by camp director to assist camper with medication referenced above,

\_\_\_\_\_  
Camper Signature Date

*This information to be used by Camp Director and authorized personnel only*