

# Medication Request Form Prescription and OTC

Individual Medication Record (One Sheet Per Medication)

Summer 2024 Big Foot Recreation District

Camper \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Camp: \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Physician Prescribing Medication \_\_\_\_\_

Physician Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_ Date Discontinued \_\_\_\_\_

**When it is necessary for a student to receive prescription medication at school:**

Written consent from the parent must be received before any medication is administered.

The following should be listed on the original container:

- Name of the Camper, Name of the medication, Dose, Route of medication (by mouth, eye drop/ear drops, topical, etc), Time to be administered, Reason for the medication

Written request for medication expires on the last day of camp.

It is the responsibility of the parent/guardian to provide BFRD with any changes to medication.

The parent/guardian is also responsible for tracking and providing prescription medication to BFRD as needed.

Staff may only administer medication as directed by the camper's practitioner as is reflected on the medication request form.

The medication must not be expired, and in the original medication container with label from the pharmacy. (Pharmacies will give you a free labeled container for camp use)

The prescription medication shall be securely stored and carried with a BFRD staff member.

**I give consent for a BFRD Staff member to administer the above listed medication/s. I agree to notify BFRD in writing at the termination of this request or when any changes in the above order is necessary. I understand that all unused medication will not be returned to my child. Parents must come in to collect any unused medication by the last day of camp or it will be disposed of. I authorize communication between the prescribing health care provider and recreation department for the management and administration of this medication.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Camper's Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Camp: \_\_\_\_\_

|               |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|               | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| <b>June</b>   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>July</b>   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>August</b> |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Building Designee: Initial the appropriate date when medication is given, or use the following codes: **A** = Absent, **N**=No Medication Available, **O**=Other

| MEDICATION INVENTORY |             |          |
|----------------------|-------------|----------|
| DATE                 | AMNT OF MED | INITIALS |
|                      |             |          |
|                      |             |          |
|                      |             |          |
|                      |             |          |
|                      |             |          |
|                      |             |          |

| REPLENISHMENT REMINDER |                  |          |
|------------------------|------------------|----------|
| DATE                   | # DAYS REMAINING | INITIALS |
|                        |                  |          |
|                        |                  |          |
|                        |                  |          |
|                        |                  |          |
|                        |                  |          |
|                        |                  |          |

| Medication Returned           |
|-------------------------------|
| Who was it handed to:         |
| Who gave it to this person:   |
| Where did the exchange occur: |
| Date:                         |

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Comments:

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