

# CAMP DEL CORAZON MEDICATION RELEASE FORM

CAMPER'S NAME: \_\_\_\_\_ CABIN \_\_\_\_\_

Bring completed form to REGISTRATION on the first day of camp. Please *do not* mail this form to the camp office.

Please indicate if your camper is taking medication, *both* prescription and non-prescription.

- All doses must be completely and clearly filled out for both prescription and non-prescription medication.
- Please fill in cardiac medications first, followed by other prescription medications and then non prescription medications. More space is provided for additional medications on the back of this form.
- **ALL** medications will be dispensed from the camp Health Center.
- **NO** medication of any kind will be allowed in a camper's cabin.

Please indicate if your camper is *not* taking *prescribed* medication in the space indicated.

- My camper is **NOT** taking any medication(s).
- My camper is **NOT** taking **prescribed** medication(s), over the counter medications are listed below.  My camper is taking or may need to take prescribed medications as listed (*use back of form for additional medications*):

MEDICATION	DOSAGE		TIME(S) GIVEN	SPECIAL INSTRUCTIONS

I request that Camp del Corazon see that my child is provided with medication as I have indicated above under the following condition:

1. Camp del Corazon will reasonably endeavor to carry out my request but does not and cannot insure or guarantee that it can or will.
2. Camp del Corazon is relying on my judgment in permitting my child to attend Camp del Corazon in view of the health problems, which necessitates this medication. However, Camp del Corazon reserves the right not to accept my child because of this health problem pursuant to section DN212.1 of the California Administration code.
3. I represent to Camp del Corazon that this is a valid prescription(s) issued for my child.
4. I agree to hold Camp del Corazon, its directors, officers, agents, volunteers harmless from any loss, cost or expense arising in any manner from my request.
5. I understand that I must complete a new request each time that I am asked to do so.
6. I understand that ALL medication regardless whether or not it is prescription or over the counter, **MUST** be turned in to the camp Health Center and will only be dispensed by my written authorization.
7. I HAVE PROVIDED A 3-DAY EXTRA SUPPLY OF MEDICATIONS FOR MY CHILD.
8. ARE THERE ANY HEALTH CONCERNS OR CHANGES WE NEED TO BE AWARE OF:  YES  NO

IF YES: \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date: \_\_\_\_\_

**\*IMPORTANT REMINDERS!:**

**DO NOT MAIL THIS FORM!!!**

**PLEASE BRING THIS COMPLETED FORM TO REGISTRATION ON THE FIRST DAY OF CAMP.**

**Below This Line For Medical Team Use ONLY**

- I have conducted a visual examination of this camper and observe no obvious illness.  I have

reviewed this medical form and the medications provided and determined that they match.

Nurse Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**ADDITIONAL MEDICATIONS**

***\*PLEASE REFER TO THE IMPORTANT REMINDERS  
AT THE BOTTOM OF THIS FORM***

Medication	Dosage	Time given	Special Instructions

***\*IMPORTANT REMINDERS!:***

***DO NOT MAIL THIS FORM IN WITH YOUR CHILD'S APPLICATION.***

***PLEASE BRING THIS COMPLETED FORM TO REGISTRATION ON THE FIRST DAY OF CAMP.***