MEDICATION REQUEST FORM

| CECTIONIE TO DE CO | | OD FROM CHINDREN |
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| SECTION I - TO BE CO | OMPLETED BY PARENT | OR LEGAL GUARDIAN |

SCICON partners with a local physician to be able to administer a select few over-the-counter medications for campers with minor illnesses and injuries with parental permission for the duration of camp. They are listed below with dosages and reasons for administration. They are only administered *as needed* and with student cooperation.

If you do *not* wish for the SCICON Nurse to administer these medications if needed, please check mark which medications you do not give permission for, then sign the box directly below.

If you wish to give permission, please simply sign the box directly below and leave the medication boxes *unchecked*.

| NO PERMISSION | NO PERMISSION | NO PERMISSION |
|---|--------------------------------------|-------------------------------------|
| Advil 200mg - minor pain/menstrual pain | Tylenol 325mg - minor pain/fever | Cough drops – sore throat, cough |
| Benadryl 25mg - allergic reactions | Polysporin Topical- minor cuts/burns | Saline – minor eye irritation |
| Calamine lotion- insect bites | Hydrocortisone Cream- itch/rash | Melatonin 5mg – difficulty sleeping |
| Claritin 10mg - seasonal allergies | Antacid - upset stomach | Aloe Vera - burns |

NAME OF STUDENT

| I request that my child (named above) be assisted by authorized persons in taking the described medications listed in Section I and Section II (as applicable) at SCICON in compliance with established policies and procedures. | | | | |
|--|----------------------------|---------------------------------------|--|--|
| DATE SIGNED | PARENT/LEGAL GUARDIAN NAME | SIGNATURE OF PARENT OR LEGAL GUARDIAN | | |

NO MEDICATIONS OR SUPPLEMENTS WILL BE GIVEN WITHOUT PHYSICIAN APPROVAL IN SECTION II

SECTION II- Prescription and Nonprescription Medications (from home)

<u>ALL</u> medications/therapies/supplements (including over-the-counter) MUST have an order signed by a physician, per California State Law.

All medications must be in original, labeled prescription bottle. NO pill organizers will be accepted.

Additional medical forms may be obtained from your teacher/school nurse if you need additional space.

All medications will be kept by the SCICON Nurse and dispensed as prescribed.

Standard medication distribution times are *approximately* Breakfast (0730), Lunch (1215), Dinner (1730), Bedtime (2000) **Medications <u>must</u> be clearly labeled with the student's name, teacher, school, and precise dosage instructions.** <u>Do not</u> pack medications (including inhalers) in your child's luggage. The teacher or nurse will collect it before the trip Student will be expected to self- carry any necessary emergency medications (inhalers, epinephrine, glucagon, etc..) <u>after</u> the SCICON Nurse checks them in and provides education on self-carry while at SCICON.

SECTION II - TO BE COMPLETED BY CAMPER'S PHYSICIAN

Prescribers: Please do not put "QD" or "BID" for the time. Please specify specific meal times to administer medications f fi