

**CHAUTAUQUA BOYS AND GIRLS CLUB  
MEDICATION DISPENSATION ORDERS  
for prescription and over-the-counter medications**

Complete this form if any medication will be sent to camp for the child. This includes Epi-pens and inhalers.  
CAMP DOES NOT SUPPLY ANY MEDICATIONS

Camper's Name: \_\_\_\_\_ Circle: Female Male  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Entering in Fall: 2 3 4 5 6 7 8 9 10

**PHYSICIAN'S AUTHORIZATION:**

*If the camper may be taking medication, including epi-pens and inhalers, during camp hours, this section MUST be completed and signed by a physician.*

Name of medication(s): \_\_\_\_\_

Reason for medication(s): \_\_\_\_\_ Dose: \_\_\_\_\_

Directions for medication(s): \_\_\_\_\_

Licensed Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**WAIVER TO CARRY EMERGENCY MEDICAL DEVICE**

*Parent: Complete this section if the camper will be carrying an emergency medical device such as an epi-pen or inhaler during camp.*

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I

\_\_\_\_\_ hereby request that \_\_\_\_\_ be allowed to keep the appropriate prescribed device  
(Parent/Guardian Signature) (Print camper name)

on his/her person while participating in all Chautauqua Boys and Girls Club activities.

The prescribed device is \_\_\_ epi-pen \_\_\_ asthma inhaler. (please check)

I understand that to qualify for this exemption, my child must be capable of using the device appropriately and safely storing the necessary epi-pen or asthma inhaler on his/her person (pocket, backpack, fanny pack).

**PARENT AUTHORIZATION:**

*The parent must read and sign this section.*

I authorize Chautauqua Boys and Girls Club, a day camp located in Chautauqua, NY, to dispense the medication(s) indicated above as prescribed by the physician. I understand it is my responsibility to consult with the camp nurse at the start of the child's first day of camp. I have had a licensed physician complete the Physician's Authorization section above.

Parent Name (printed) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_