

Neshaminy Kids Club
Medication Administration Permission Form
Child's Name _____

(Required for ALL medications brought to camp/centers. (prescription and over-the-counter))

ALL medications must be turned in to the staff upon arrival.

No medication brought to camp/centers will be administered without this completed form.

Policy:

- All medication must be in the original container, labeled by the pharmacy, with the child's name with the dosage, time and quantity to be given. OTC medicine must also be in the original container with a written note by the parent containing all of the above information.
- The camp/center is unable to administer any unlabeled medication
- The camp/center will not give doses, which are different than the amount labeled.
- All dosage changes require written authorization from the prescribing physician.
- Camp/Center personnel do not cut tablets. If your child is to receive $\frac{1}{2}$ tablet, the medication must be cut at home or by the pharmacist when the prescription is filled
- NKC camp/centers are not responsible for the administration of any type of medication that is not turned into the camp/centers
- The camp/center staff will do everything possible to support a child in complying with taking medications as directed in the information provided. However, a parent/guardian cannot hold the camp/centers responsible for non-compliance
- Parents/Guardians are responsible for making sure that staff have enough medication
- Medication will be disposed of two weeks after the close of school/camp if not picked up

Check all that apply:

___ Child has permission to self-administer inhaler as needed and is responsible for its use.

___ Child has epi-pen and permission to self-administer as needed and is responsible for its use.

Medications:

I hereby give permission for Neshaminy Kids Club staff to administer the medication provided and listed on this form to my child. I have read the camp/center policies regarding the administration of medication and agree to comply. I understand that the camp/center is not responsible for non-compliance by my child. I further acknowledge that Neshaminy Kids Club, its directors, officers, agents, employees, and staff have immunity from any liability from damages, injuries, allergies or reactions resulting from the administration of the medication provided. I further understand that it is my responsibility to provide the medication to our staff in a timely manner.

Signature of Parent/Guardian

Date