



MEDICATION POLICY AND PROCEDURES

Dear Parent/Guardian:

The taking of medication during camp hours is discouraged. Ideally, all medications will be given at home. If a camper is to receive medication for a period of time, arrangements should be made to have it administered either before or after camp hours whenever possible.

We understand, however, that campers with certain chronic disabilities or illnesses may require medication if they are to remain at camp. To facilitate this, medication may be administered by our Camp Nurse, who is a Certified Medicine Technician, in a manner compliant with the state of Maryland, Department of Health and Mental Hygiene Youth Camps procedures, as follows.

1. The first dosage of any new medication (prescription or over-the-counter) must be given at home by a parent/guardian. This is to observe and rule out any possible allergic reaction or side effects. Exception: Epi-pen use.
2. The parent/guardian is responsible for submitting a new physician's order form to the camp if there is a change of dosage or time of administration. The parent provides medication for the duration of the prescription. Medication will not be kept beyond the camp term.
3. All medication kept in the camp will be stored in a locked area accessible only to authorized personnel.
4. The parent/guardian must personally collect any unused portion of the medication. Medication not claimed after one week of the physician's order date will be destroyed.
5. Each camper's confidentiality will be maintained by camp staff. At times, camp personnel outside of the health services program (or camp director) may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, etc.
6. AACCS does not assume responsibility for medication not prescribed by a physician or medication administered by the student himself/herself.
7. In no case may any camp staff member administer any medication, even Tylenol, outside the framework of these procedures.
8. Medications should be administered to students on field trips only when absolutely necessary. One week prior to the field trip, a completed parent request to administer medication and physician's order form must be on file at the camp. Only medications deemed absolutely necessary will be sent with the camp director on field trips, i.e. inhalers, Epi-pens, insulin, standing Ritalin/Adderall orders.
9. This approved procedure is in accordance with the Department of Health and Mental Hygiene.
10. The form which follows must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication.

MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps In Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES -If yes, see Section III below. <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
14a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PRESCRIBER'S SIGNATURE <small>authorizing self-administration</small>	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE <small>authorizing self-administration</small>	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE