



# the institute for the musical arts Rock 'n' Roll camp for girls

P.O. box 867 – Goshen, Ma. 01032 Phone:(413)268-3074 Email: info@ima.org

## IMA Rock 'n' Roll Girls Camp Medications Form

### **AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION TO A CAMPER**

(To be completed by Doctor – One form per each medication)

Name of Child: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

### **Information on Prescribed Medication**

Name of Medication: \_\_\_\_\_

Condition for which medication is being given: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Dose given at camp: \_\_\_\_\_

Frequency: \_\_\_\_\_ Quantity Received: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Duration of Order: \_\_\_\_\_

Expiration date of Medications Received \_\_\_\_\_

Is this a controlled Medication: \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_

Specific Directions (e.g. on empty stomach/ with water): \_\_\_\_\_

Specific Precautions: \_\_\_\_\_

Possible Side Effects/ Adverse Reactions and Management: \_\_\_\_\_

Physician or Dentist's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Phone No. \_\_\_\_\_

Physician or Dentist's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# the institute for the musical arts Rock 'n' Roll camp for girls

P.O. box 867 – Goshen, Ma. 01032 Phone:(413)268-3074 Email: info@ima.org

## IMA Rock 'n' Roll Girls Camp Medications Form

### AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION TO CAMPER (TO BE COMPLETED BY PARENT/GUARDIAN)

Name of camper \_\_\_\_\_ Date of attendance \_\_\_\_\_

Please check off which non-prescription medications you give permission to be administered by the Health Care Manager to the above named camper on an as needed basis. All over the counter medications for campers shall be kept in the original containers containing the original labels, which shall include directions for use.

- Acetaminophen (Tylenol):** To relieve headaches, minor aches, fever, menstrual cramps. Contains no aspirin.
- Ibuprofen (Motrin/Advil):** To relieve headaches, tooth aches, minor aches, fever, menstrual cramps. Contains no aspirin. \*Caution: people with a severe allergic reaction to aspirin must not take ibuprofen.
- Dyphenhydramine (Benadryl):** Contains antihistamine for temporary relief of sneezing, runny nose, itchy eyes and throat due to allergy and colds and/or pain & swelling due to insect bites.
- Giulfesin/Dextramenthorpan (Robitussin DM):** Loosens chest congestion/quiets cough.
- Liquid antacid (Mylanta/Maalox):** Provides temporary relief of acid indigestion and/or nausea.
- Sunscreen/insect repellent:** (may be applied by counselors)
- Topical ointments (Bacitracin, Calamine, Hydrocortisone, burn gel containing aloe/lidocaine):** to protect against infection or relieve itching/pain from insect bites, rashes or superficial burns.

I understand that for any prescribed medications to be administered by the camp staff, an authorized form from the camper's own doctor will need to be completed. This form was included in the confirmation packet and can be duplicated if required. Each prescribed medication will need an individual authorization.

I further understand, that all medications, both prescribed and over the counter, are required to be in the original container. This requirement covers vitamins and homeopathic remedies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Use Only:

<u>DATE OF ADMINISTRATION</u>	<u>TIME</u>	<u>ADMINISTRATOR'S SIGNATURE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____