

CAMP PUTNAM, INC.

campputnamdirector@gmail.com
(774) 757-8264

MEDICATION INFORMATION

Permission to Administer Medications...

I, (*parent/guardian name*) _____

give permission to authorized personnel at Camp Putnam to administer emergency care and/or medications to my child: (*child's name*) _____ while at camp.

I give permission for authorized camp staff to administer the following medications to my child per camp Physician Standing Orders, as well as the protocol for medication administration. Please indicate your permission by placing an "X" next to approved medication.

___ acetaminophen (Tylenol)

___ Ibuprofen (Motrin)

___ Robitussin

___ Topical skin application of Calamine Lotion

___ Diphenhydramine (Benadryl)

___ Hydrocortisone 1% cream

___ Pepto Bismol

___ NIX treatment (for head lice)

Please complete below for prescription medications your child will need to receive during camp:

Medicine Name:	Dosage:	Times to Dispense:

Please list any **allergies** your child has (medication, bees, foods, etc) and the type of reaction he or she may experience (anaphylactic, rash, digestive issues, etc) or any other **serious medical issues** (diabetes, seizure disorders, etc) that the nurse should be aware of immediately upon your child's arrival to camp.

Parent Signature: _____

Date: _____

***** ALL PRESCRIPTION AND OVER THE COUNTER MEDICATIONS MUST COME TO CAMP IN ORIGINAL BOTTLE OR CONTAINER OR THEY WILL NOT BE DISPENSED. ****

Camp Putnam, Inc.
Emergency Information

CONTACT INFORMATION:

Camper's Name:	
Parent/Guardian Name(s):	
Home Address:	
Primary/Cell Phone:	
Secondary/Work Phone:	
Additional Phone:	

DESIGNATED EMERGENCY CONTACTS OTHER THAN GUARDIAN LISTED ABOVE

Name/Relationship	
Phone:	
Name/Relationship	
Phone:	

ARE THERE ANY CUSTODY/LEGAL/OTHER ISSUES SPECIFIC TO YOUR CHILD WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE HERE AND EMAIL US ANY RELEVANT PAPERWORK AT campputnamdirector@gmail.com

Emergency Authorization

In the event of a medical emergency concerning your child, if you cannot be immediately reached, the Camp Director, Camp Nurse or Designee has authorization to act on my behalf. I understand that all medical costs would remain my responsibility.

Signed: _____ Date: _____

Insurance/Medical Information:

Insurance Carrier:	
Policy Number:	
Child's Primary Care Dr/Address	

Publicity Consent

We routinely have the news media visiting Camp Putnam as well as routinely taking pictures for use in Camp Putnam publicity. If you DO NOT want our child's name/picture published, you must inform us in WRITING before the start of your child's camp session.