PARENT'S REQUEST TO ADMINISTER MEDICATION AT FORCEY DAY CAMP 2009

To parents or guardians:

To request that Forcey Day Camp administer medication to your child at camp the following is required:

The medication is furnished by the parent(s) or in a container labeled by the pharmacist or physician with:

The name of the child	**dosage, route, and time**
The name of physician	**condition for proper storage**
The name of the medication	**prescription date and expiration date**

The covenant not to Sue and Indemnification Agreement is signed by both parents or guardians:

We, _____, being over 21 years of age, parents and/or guardians of _____, a minor of _____ years of age, in accordance with physician's order (below), on file with Forcey Day Camp (FDC), its agents, servants and employees, promise that neither said minor nor we, individually or as parents/guardians of said minor, will ever institute any suit of damages, loss or injury either to person or property or both, whether developed or undeveloped, resulting or to result, known or unknown, which said minor or we individually, or as parents or guardians of said minor, now have or which we, our or his heirs, executors or administrators, hereafter can, shall or may have for, on or by any reason of any matter, cause or thing whatsoever.

And in further consideration of said services to us, individually and on behalf of said minor, we hereby agree to indemnity and save harmless the Forcey Day Camp, its agents, servants, and employees against any claim for damages, compensation or otherwise on the part of said minor or his heirs, executors or administrators and to reimburse or make good any loss of damages or costs that they may have to pay if any litigation arises on account of any claims made by said minor or anyone on his behalf.

In witness whereof, we hereunto set our hands and seals this _____ day of _____, 20____.

Parent Guardian (print): _____ / Parent or guardian signature: _____

The child's physician must complete the Physician's Signed Order below:

PHYSICIAN'S MEDICATION ORDER FORM FOR CAMP MEDICATION ADMINISTRATION:

Name of student: _____ DOB: _____ / _____ / _____
Last First MI

Diagnosis: _____

Name of Medication:_____

Dosage: _____ mg, ml, ml/tsp, # of puffs

Route: _____

Time of administration at school: _____

If PRN, for what symptoms:_____ How often: _____

Please list any specific precautions Forcey Day Camp staff should be aware of or any unusual effects that might be observed _____.

Services should begin _____ (date) and terminate _____ (date)

FOR INHALER AND EPI-PEN MEDICATION ONLY:

_____ This camper should/should not self administer inhalant medication nor Epi-pen

_____ This camper is able to self administer and carry inhalant medication or Epi-pen and has been trained in its use including knowing when the medication is to be used.

(Please not that FDC does not recommend that students carry medication on their person)

Physician's signature: _____ Physician's name (printed): _____

Address: _____

Phone number: _____ Date: _____

We assure that the first does of this medication has been given without problems and having read the above conditions, we request that Forcey Day Camp personnel administer the medication as prescribed by Physician above to our child _____.

Parent Guardian signature: _____ Date: _____

Parent's phone number: _____

Order reviewed by the Forcey Day Camp RN (signature and date: _____