

## MEDICATION INFORMATION

**\*Please Read Carefully\***

\*MEDICATION includes prescription, non-prescription and herbal medication. It includes those taken by mouth, inhaled, injected, suppositories or application (including drops in eyes or nose or creams on skin).

\*Definition from MI State Guidelines for Administration of Medications to Pupils at School

In order for your child to receive ANY medication; prescription **or** non prescription while at camp, a MEDICATION PERMISSION FORM must be thoroughly completed and signed by BOTH the parent/guardian **and** child's physician. Please include exact medication name and dosage. This form can be faxed directly to the camp from your physician's office. FAX NO: (269-721-1071)

- All medication must be sent in the original container. This includes inhalers and unit dose medications (i.e. Albuterol, Proventil, and Asmanex, Nasonex etc).  
Medicine not sent in the original container cannot be administered.
- Original pharmacy label must be on the prescription medications with your child's name.
- Medication cannot be given if it is expired.
- Medication cannot be combined in one bottle such as putting 5mg and 10mg Ritalin in the same bottle.
- If pills need to be cut, please cut them ahead of time. We cannot alter medication.

If your child starts a new prescription medication after the Medication form is completed, please contact the school to obtain another Medication Permission Form.

### NOTE:

If your child is required to personally carry emergency medication (inhaler, epi-pen, glucose injection) on their person, written permission from the parent /guardian **and** physician is required along with an **Emergency Care Plan** written by the physician and parents. (House Bill No. 5087)

For a child who is a diabetic, or who has severe asthma and uses a nebulizer, or has other critical health issues; a written **Health Care Plan** provided by the Doctor is required. Also, please contact camp ahead of time to discuss this plan. A plan form is available from camp.

If you have any questions regarding medications please call the OEC HEALTH OFFICER prior to your child arriving at camp at 269-721-8161 between 8:00AM and 4:00 PM, Tuesday through Friday.



Battle Creek Public Schools  
 Outdoor Education Center  
 10160 South M-37 HWY  
 Dowling, MI 49050  
 269-721-8161 FAX: 269-721-1071

## MEDICATION PERMISSION FORM

**For ANY medication (Including: Prescription drugs, Over-the-counter drugs, herbal supplements, vitamins, cough drops)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN:**

I request that (My Child) \_\_\_\_\_ receive the listed medications at camp. I understand that the medication will be administered exactly as per the directions of the prescribing physician.

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN:**

**Please include exact drug name and mg/ml/mcg (Dosage).**

**Typical camp med times are meal times- (B, L, D), 4:00pm and Bedtime.**

**Medication:**

- (1) Name of medication: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ When given: \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_  
 Special instructions: \_\_\_\_\_
- (2) Name of medication: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ When given: \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_  
 Special instructions: \_\_\_\_\_
- (3) Name of Medication: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ When given: \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_  
 Special instructions: \_\_\_\_\_
- (4) Name of Medication: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ When given: \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_  
 Special instructions: \_\_\_\_\_
- (5) Name of Medication: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ When given: \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_  
 Special instructions: \_\_\_\_\_
- (6) Name of Medication: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ When given: \_\_\_\_\_  
 Reason for Medication: \_\_\_\_\_  
 Special instructions: \_\_\_\_\_

**ORDERS MAY BE FAXED DIRECTLY TO OUR OFFICE AT 269-721-1071**

**If more space is needed, fill out and sign a second form. Please put an X through unused spaces.**

**Physician's Signature:** \_\_\_\_\_