

Please Use One per Child
2010 MEDICATION AUTHORIZATION

Name _____ Date _____

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING CAMP HOURS.

Educational Code 49423 and 49423.5. Any pupil who is required to take prescribed medication by a physician may be assisted by the camp nurse or other designated school personnel if the camp receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the camp assist the camper in the matters set forth in the physician's statement. **CAC Title 5, 18170.**

HAVE PHARMACY OR PHYSICIAN PROPERLY LABEL MEDICATION IN A SEALED CONTAINER FOR CAMP ADMINISTRATION.

Required - to be completed by parent or guardian

I request that designated personnel assist my child in taking the medication prescribed by a physician. I understand that my child **may not** have or take medication at camp unless **all** requirements are met. I also request that my child be assisted in taking over-the-counter medications, vitamins and nutritional supplements. The type of medication will be determined by the symptoms presented by the camper. I hereby give consent for the school nurse or camp staff to communicate with my physician as needed with regard to these medications. **All medications, vitamins, supplements, etc., must be distributed through the camp program. No medication (prescription or over-the-counter), vitamin, supplement, or herbal supplement, may be kept by the camper. Exceptions are, asthma medications, epi-pens and some dermatological creams but must be presented to the camp staff.**

Please initial approved Over the Counter Medications your child is permitted to take.

_____ <i>Tylenol</i>	_____ <i>Benadryl</i>	_____ <i>Pepto Bismal</i>
_____ <i>Aleve/Midol</i>	_____ <i>Ibuprofen</i>	_____ <i>Immodium AD</i>
_____ <i>Calamine Lotion or CortAid</i>	_____ <i>Other</i>	

As the parent / guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer. Therefore, I give my permission for Dunn Summer Day Camp staff, to apply Rocky Mountain sunscreen product (certified by the AMC Cancer Research Center as a top-quality sun protection product) SPF 30+ to my child.

It is our expectation that your child has had sunscreen applied prior to camp and that they are bringing their own sunscreen. In the event that they do not come to camp with their own sunscreen, Rocky Mountain SPF 30+ will be applied to exposed skin, including but not limited to face, tops of ears, nose and bare shoulders, arms and legs prior to pool time.

_____ **I give my permission for sunscreen to be applied to my child.**

_____ **I do not give my permission for sunscreen to be applied to my child.**

Parent Signature _____ Date _____