



IMPORTANT HEALTH INFORMATION

PARENT/GUARDIAN REQUIREMENTS FOR CAMPS ADMINISTRATION OF OVER-THE-COUNTER AND PRESCRIPTION MEDICINE TO CAMPERS

Washington state law permits CRISTA Camps to administer over-the-counter and prescription medication to campers pursuant to strict safety requirements, including doctor's authorization for Ibuprofen and Tylenol.

Please carefully read the following requirements to ensure proper administration of medication:

1. **MEDICATION MAINTAINED WITH STAFF:** Campers may not self-administer over-the-counter and prescription medication, including aspirin, Tylenol, cold remedies, decongestants and antihistamines. Campers' medications, including inhalers must be provided to Camps staff when campers arrive. Camps will distribute authorized inhalers for campers' self-use and maintenance (unless directed otherwise) and will dispense all other medication as needed and directed.
2. **REQUIRED FORM:** A *Physician's Authorization for Administration of Medication* form must be fully completed and delivered to Camps prior to Camps dispensing any of the camper's **prescription** medicines, over the counter meds including Ibuprofen and Tylenol, and the camper's vitamins. **Even if your camper has no prescription medications**, you will likely want them to have access to Camp Ibuprofen and Tylenol, and the Physicians signature below is required for this. We will contact the campers Physician if side effects occur. For non-prescription medications, we follow the dose, duration, and method of administration specified on the manufacture's label for the age or weight of the child.
3. **ORIGINAL CONTAINERS:** Only Physician approved medicines delivered in their original containers **and** labeled with the camper's name, medication type, dosage and administration directions, will be dispensed by Camps personnel, with the exception of camper vitamins and over the counter medications as indicated by Physician. Any medication left at camp will be discarded safely.
4. **CHANGES IN PRESCRIPTION:** The camper's parent/guardian is responsible for providing Camps with written notice of changes in prescriptions and/or medicine. Camps will not administer medications to campers in accordance with over-the-phone instructions; rather, all instructions must be provided in written form.
5. **LIMITED QUANTITY:** All medicine amounts provided to Camps should be limited to the supply necessary for the duration of the camper's stay.



PHYSICIAN’S AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

In order for the below-named camper to receive medication at camp, this form must first be completed, signed and returned to Camps in person, via facsimile, or email/PDF. (Counter-part forms are acceptable).

Island Lake Fax: (360) 697-1709 Miracle Ranch Fax: (253) 857-4128 Scan to E-mail: information@cristacamps.com

Camper’s name: _____ Birth date: _____

[] Island Lake – Camp week: _____ [] Miracle Ranch – Camp week: _____

Condition(s) being treated: _____

Name of medication(s) with Dosages; Ibuprofen and Tylenol automatically included unless otherwise stated:

Time and frequency to be administered during camp: _____

Start and stop dates for medication: _____

Expected medication side effects, if any: _____

Inhaler to be carried by camper: Yes No (circle one) / Epi-pen to be carried by camper: Yes No (circle one)

Name of Physician & Office/Hospital/Clinic: _____ Phone: _____
(Please Print)

Physician’s Signature: _____ Date: _____

PARENT/GUARDIAN REQUEST AND AUTHORIZATION

I request and authorize a Camps designated staff member to administer prescription medication to _____ (“Camper”) in accordance with the directions provided by Camper’s licensed physician. I understand that I must provide the medication to the Camps office in its original container with the label intact. I agree to hold CRISTA Ministries (d/b/a Island Lake and Miracle Ranch) harmless from any damages that may occur to Camper in connection with Camps’ agreement to administer medication in accordance with my request and authorization.

(Signature of Parent/Guardian on behalf of marital community)

(Date)

(Printed Name of Parent/Guardian)

(Relationship to Camper)