

# CRISTACAMPS



## 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 affects 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 MEDICATION**

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

Miracle Ranch Fax: (253) 857-4128

Scan to E-mail: [information@crisacamps.com](mailto:information@crisacamps.com)

Camper's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Miracle Ranch – Camp week: \_\_\_\_\_

Condition(s) being treated: \_\_\_\_\_

Medication name	Dose/Route	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Attach additional sheet if necessary*

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: \_\_\_\_\_

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**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 unexpired medication to the Camps office in its original container with the label intact. I agree to hold CRISTA Ministries (d/b/a 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)