



**Community Center of La Cañada Flintridge
Medication Administration Form**

Required for ALL medications brought to camp (prescription or over-the-counter).

All medications must be turned in to the camp staff upon arrival and will be stored in the CCLCF office.

Policy:

All medication must have the child's name with the dosage, time, and quantity to be given.

The camp will not give doses, which are different than the amount labeled. All dosage changes require written authorization from the prescription physician.

Camp personnel will not cut tablets. The medication must be cut upon bringing it to camp.

Camp staff will do everything possible to support a camper in complying with taking medication as directed in the information provided.

Camper Name: _____

Camp Attending: _____

Check all that apply:

Camper has permission to self-administer inhaler as needed and is responsible for its use.

Camper has an epi – pen and permission to self-administer as needed and is responsible for its use.

Camper requires assistance from staff to perform necessary procedure of prescribed medication.

Camper is bringing the following medications to camp: _____

I hereby give permission for the Camp Staff to administer the medication provided and listed on this form to my child. I have read the camp policies regarding the administration of medication and agree to comply. I understand that the camp or CCLCF is not responsible for non-compliance by my child. I further acknowledge that Camp Staff and the Community Center of La Cañada Flintridge shall have immunity from any liability from damages, injuries, allergies, or reactions resulting from the administration of the medication provided.

Parent's Name

Parent's Signature

Date: _____