



# Medication Administration Form

(PHOTOCOPY AS NEEDED)

Mail or fax no later than June 1 to:

Camp Zion, P.O. Box 32, Ellison Bay, WI 54210

Phone: 920.854.2790, E-mail: office@campzion.com

Camper/Staff Name: \_\_\_\_\_

Camp Session: \_\_\_\_\_ Date: \_\_\_\_\_

### Medication Policy

1. Medications are defined as **ANY & ALL** items intended for medicinal purposes, prescription or over-the-counter.
2. Each medication must be in its **original container**; having the name of the person to whom it was prescribed clearly marked on the label. Medications prescribed by a physician must also contain the prescribing physician's name, prescription date, expiration date, and name of the prescription clearly marked on it.
3. Your child must continue all current medications as ordered by your licensed, prescribing physician, while at camp. Please send an adequate supply for the duration of the camp session.
4. Each medication sent with the camper must be listed below on the *Medication Administration Form* and completed in its entirety. **Medications not listed below will not be administered.**
5. Camp Zion stocks and supplies basic over-the-counter medications, creams, lotions, (e.g. Tylenol, first aid supplies, cough drops, etc.), and as such, it is not necessary to send these items.

Please contact us if you have questions.

Name of Medication	Dose	Route	Frequency	Purpose of Medication
<b>Possible Adverse Reactions:</b>				
<b>Specific conditions when physician should be contacted:</b>				
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Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**WISCONSIN LAW:** HFS 175.14(6) Medications: All medications brought to camp by a camper or staff member shall be in containers that are clearly labeled to include the name of the camper or staff member, the name of the medication, the dosage, the frequency of administration and the route of administration. All medication prescribed by a physician shall, in addition, be labeled to include the name of the prescribing physician, the prescription number, date prescribed, possible adverse reactions, the specific conditions when contact should be made with the physician and other special instructions as needed. For any camper or staff member under 18 years of age, these medications shall be kept in a locked unit and shall be administered by the camp health services staff as prescribed by a licensed physician with a record of treatment maintained. Each camper or staff member 18 years of age or older shall be responsible for the security of his or her personal medication.