Gretna Glen Camp & Retreat Center
AUTHORIZATION FOR MEDICATION ADMINISTRATION

This form is ONLY needed if you are bringing "medication" with you to camp.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medication must be in its original container. Do not bring expired medication.

Due to legal policies that govern healthcare at camps, all medications that are not covered under Gretna Glen Camp Standing Orders (listed below), whether prescribed or over the counter, must have a doctor/health care provider's signature on this document for our healthcare team to dispense to your child.

Gretna Glen's Medication List Acetaminophen(Tylenol), Ibuprofen(advil, motrin), diphenhydramine antihistamine/allergy medicine (Benadryl), non-sedating Antihistamine/allergy medicine loratidine (Claritin), laxatives for constipation (Milk of Magnesia), Sore throat spray, calamine lotion, cough drops, antibiotic cream, aloe or burn gel, bismuth subsalicylate/loperamide for diarrhea (Pepto Bismol, Imodium), Antacids (Tums), hydrocortisone cream 1%, Athlete's Foot Cream

Child's Full Name _____

Reason for Medication(s) _____

Physician Certification - I certify that the medication listed below are to be taken during this child's camp week and are medically necessary. This includes prescribed and over the counter medications.

(Healthcare Provider Name) **(Healthcare Provider Signature)** (Phone) (Date)

_____ _____ _____ _____

Medication Name(s) / Dosage(s)	**Time(s) : B-Breakfast, L-Lunch, D-Dinner, HS-Bedtime**
	☐ B ☐ L ☐ D ☐ HS ☐ Other_____
	☐ B ☐ L ☐ D ☐ HS ☐ Other_____
	☐ B ☐ L ☐ D ☐ HS ☐ Other_____
	☐ B ☐ L ☐ D ☐ HS ☐ Other_____

Parent/Guardian Signature - I certify that the medication(s) listed above are to be taken during my child's camp week and are medically necessary. This includes prescribed and over the counter medications.

(Parent/Guardian Name) **(Parent/Guardian Signature)** (Phone) (Date)

_____ _____ _____ _____

THIS SECTION COMPLETED BY GRETNA GLEN HEALTH CARE STAFF ONLY

☐ Permission form completed ☐ Safety type container ☐ Original prescription label ☐ Name of child is on label
☐ Date on label is current ☐ OTC, original container and current ☐ Name of drug, dose, & frequency of admin on label
☐ Inhaler and/or Epi-Pen w/ camper (with camper or counselor)

(**Health Care Staff Approval**) _____

Any Questions Call 717-273-6525 Fax # 717-273-6045