



MEDICATION POLICY AND PROCEDURES

Dear Parent/Guardian:

The taking of medication during camp or Extended Care hours is discouraged. Ideally, all medications will be given at home. If a camper is to receive medication for a period of time, arrangements should be made to have it administered either before or after camp hours whenever possible.

We understand, however, that campers with certain chronic disabilities or illnesses may require medication if they are to remain at camp. To facilitate this, medication may be administered by our Camp Nurse, who is a Certified Medicine Technician, in a manner compliant with the state of Maryland, Department of Health and Mental Hygiene Youth Camps procedures, as follows.

1. No medication (prescription or over-the-counter, even Tylenol or cough drops) will be administered in camp or during camp activities without a written physician medication and parent/guardian authorization completed on the PARENT'S REQUEST TO ADMINISTER MEDICATION AT CAMP AND PHYSICIAN'S ORDER FORM, which is attached.
2. The parent/guardian is responsible for obtaining the Physician's order. The attached medication form/physician's order is preferred.

A physician must sign the order form. Stamps will not be accepted unless co-signed by a registered nurse. The following information is necessary on the form*:

- a. student name;
- b. reason for medication/diagnosis;
- c. dates of medication order;
- d. length of time;
- e. medication to be administered;
- f. medication name;
- g. side effects;
- h. dosage/strength of medication;
- i. physician signature;
- j. route of administration;
- k. expiration date of order
- l. time/frequency of administration

* NOTE: PRN MEDICATIONS SHOULD HAVE THE FREQUENCY CLEARLY INDICATED.

3. Occasionally, campers may need to carry medication such as inhalers, epi-pen, insulin, or emergency kits. A written physician's order must be on file for any camper who carries medication (on their person) throughout the day. The order must specifically state that the student may carry the medication. Note: Otherwise, it is against camp policy for students to carry any type of medication on their person.

4. The medication must be hand-delivered to the camp by the parent/guardian or, under special circumstances, an adult designated by the parent. Campers should not transport medications to or from the camp site unless authorized by physician's orders.
5. All medication must be in its original container, properly labeled and consistent with the physician's order. All prescription medication must be in a container labeled by the pharmacist/physician. All non-prescription/over-the-counter medication must be in the original sealed container with the label intact. Parents must put the student's name on the container in a position that does not obscure the label. All physician samples must be appropriately labeled by the physician or parent/guardian. The following information must be provided on the label:
 - a. Name of Child;
 - b. Name of Medication;
 - c. Dosage; route and time of administration;
 - d. Name of Physician;
 - e. Prescription date and expiration date;
 - f. Conditions for proper storage.
6. The first dosage of any new medication (prescription or over-the-counter) must be given at home by a parent/guardian. This is to observe and rule out any possible allergic reaction or side effects. Exception: Epi-pen use.
7. The parent/guardian is responsible for submitting a new physician's order form to the camp if there is a change of dosage or time of administration. The parent provides medication for the duration of the prescription. Medication will not be kept beyond the camp term.
8. All medication kept in the camp will be stored in a locked area accessible only to authorized personnel.
9. The parent/guardian must personally collect any unused portion of the medication. Medication not claimed after one week of the physician's order date will be destroyed.
10. Each camper's confidentiality will be maintained by camp staff. At times, camp personnel outside of the health services program (or camp director) may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, etc.
11. AACCS does not assume responsibility for medication not prescribed by a physician or medication administered by the student himself/herself.
12. In no case may any camp staff member administer any medication, even Tylenol, outside the framework of these procedures.
13. Medications should be administered to students on field trips only when absolutely necessary. One week prior to the field trip, a completed parent request to administer medication and physician's order form must be on file at the camp. Only medications deemed absolutely necessary will be sent with the camp director on field trips, i.e. inhalers, Epi-pens, insulin, standing Ritalin/Adderall orders.
14. This board-approved procedure is in accordance with the Anne Arundel County School Health Services, the Maryland State Department of Education, and the Department of Health and Mental Hygiene.

AACS Summer Programs
PARENT REQUEST TO ADMINISTER MEDICATION AT CAMP AND PHYSICIAN ORDER
FORM

PARENT'S REQUEST TO ADMINISTER MEDICATION AT CAMP

Name of Camper _____ D.O.B: ____/____/____
(LAST) (FIRST) (MI)

In order for my child to receive medication in Camp, I agree to the following:

- * All prescription and non-prescription medication will have a physician's signed order **fully** completed for all camp sessions.
- * The prescription medication will be in a container labeled by the pharmacist or physician with:
Name of child, Name of medication Dosage, route and time of administration
Name of physician Prescription date and expiration date Conditions for proper storage
- * The non-prescription medication will be in the original sealed container with the label intact. The Camper's name will be put on the container in a position that does not obscure the label.
- * The medication will be brought to camp by an adult.
- * The physician will be called if a question arises about my child's medication.
- * The first dose of this medication (except for Epi-Pen) has been given without problems.

Having read the above conditions, I request AACS Summer Programs personnel to administer medication as prescribed by the physician below. I certify that I have legal authority to consent to medical treatment for the camper named above, including the administration of medication at camp.

 Signature of Parent/Guardian: _____ Date: _____

Relationship to student: _____ Phone #: (H): _____
(W): _____ Other : _____
Address: _____

PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT CAMP
(One Form per Medication)

Diagnosis: _____

Name medication: _____

Dosage: _____ (mg, ml, ml/tsp, # of puffs)

Route: _____ Time of Administration at Camp: _____

If PRN, for what symptoms? _____ How often? _____

Please list any specific precautions personnel should be aware of or any unusual effects that might be observed.

Services should begin (Date) _____ and terminate (Date) _____

FOR INHALER, EPI-PEN, and INSULIN ONLY:
____ It has been determined that this camper is able to self-administer and carry inhalant medication or Epi-pen and has been trained in its use including knowing when the medication is to be used.
____ It has been determined that this camper is able to self-administer insulin.
____ This camper should not self-administer inhalant medication, Epi-pen or insulin.

 Physician's Signature: _____ Physician's Name (Printed): _____
(Original, no stamp)

Address _____ Phone Number: _____

Order Reviewed _____ R.N. Date _____