

**CAMPER EMERGENCY ACTION AND  
MEDICATION FORM**

I \_\_\_\_\_, (parent/guardian full name) authorize The Parklands of Floyds Fork to administer the prescribed and/or emergency medication described below to \_\_\_\_\_ (child's full name) as needed during The Parklands of Floyds Fork camp program.

***\*Medication must be given to Parklands staff in a medication bottle with the child's name and medication expiration date clearly printed on the bottle.***

Name of Medication: \_\_\_\_\_

Dosage Instructions: \_\_\_\_\_

Other Notes: \_\_\_\_\_

**Dates of your child's camp(s):**

June 2-6      June 9-13      June 16-20      June 23-27      July 7-11  
July 14-18      July 21-24      July 28- August 1      Spring Break      Fall Break      Winter Break

The process will be as follow

1. 21<sup>st</sup> Century Parks, Inc. team member will administer medication at assigned time or during emergencies
2. 21<sup>st</sup> Century Parks, Inc. team will notify person(s) on camper's Health History Form in case of emergency
3. 21<sup>st</sup> Century Parks, Inc. team may notify appropriate park & emergency service personnel as needed

**Please sign if you agree to the above terms:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

Emergency Contact # (      )      -