

## 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 1-5	June 8-12	June 15-19	June 22-26	July 6-10	
July 13-17	July 20-24	July 27-31	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 # (       )       -