



Camp Medication Form

Language Kids World staff cannot administer any medication (prescription or over the counter) unless this form is completed and signed by the camper's parent or authorized caregiver. All prescriptions must be in the original container. Staff will hold and dispense medication according to physician's instructions or instructions on over-the-counter medication with a written prescription from their doctor.

Language Kids World staff will retain the medication for the duration of the session and return any unused medication at the end of each session. Parents or authorized caregivers are responsible for requesting the unused medication from Language Kids World staff. It is also responsibility of parents or authorized caregivers to ensure Language Kids World staff has enough medication for the camper.

We require physician's information for both prescription and over-the-counter medication.

If multiple medications are required to be administered to the same child, the parent or authorized caregiver must fill out and sign a "Camp Medication Form" for each medication. Our staff will offer the medication to the child, but we will not force a child to take any medication. If the child does not want to take the medication, we will contact you at the number(s) provided below. The "Camp Medication Form" is valid for one week at a time only. Parents must complete a new form for each week of camp, and for the length of prescription as stated by physician, e.g.: antibiotic 7 days, unless otherwise stated by physician. Please note that we are not able to refrigerate medications at most camp locations. Language Kids World may choose not to administer certain medications. This form must be submitted to Language Kids World at least 7 days before the first day of camp.

Name of child: _____ Date: _____

Medication name: _____ Dosage: _____

Method of administering (e.g. oral, inhaler): _____

Does medication require refrigeration? Yes No Is the condition contagious? Yes No

Dates to be administered - From: _____ To: _____ Time: _____

(Please note that we will only administer medication as per labeled instructions)

Parent's name: _____ Parent's signature: _____

Date: _____ Contact phone numbers: _____ & _____

Physician's name: _____ Physician's phone number: _____

Language Kids World staff member administering the medication: _____

Date medication was received by Language Kids World staff:

	Monday	Tuesday	Wednesday	Thursday	Friday
Date (e.g. June 6, 2020)					
Time to be given: (AM)	Time given:	Time given:	Time given:	Time given:	Time given:
Staff name					
Staff signature					
Time to be given: (PM)	Time given:	Time given:	Time given:	Time given:	Time given:
Staff name					
Staff signature					