

MEDICATION INFORMATION

Does the camper have any allergies to medication? Yes No

If yes, please explain: _____

Does the camper experience any side effects from medication? Yes No

If yes, please explain: _____

FOR ALL CAMPERS: Easter Seals Tennessee, Inc. requires that all medication either be pre-packaged in daily pill dispensers or in bubble packs according to the time and date of each scheduled dispensation time and marked with the camper's name. Contact your pharmacist to see if the pharmacist can pre-package your medication for you. **Also, ask the pharmacist for a current medication sheet, they will be able to print this off at no charge.** The guardian/parent/caregiver is responsible for making sure this is completely accurate. An extra day's supply of medication, **in the original prescription bottles**, must be brought to camp in case of an emergency.

With the change of routine, added stress, change of diet, etc., all PRN's (medication as needed – seizure medication, epi-pens, pain medications, asthma inhalers, etc.) medications that the camper takes must be brought to camp also. All medications **will be turned over** to the nurse during the camper's appointed check in time.

MEDICATION RELEASE

As the legal guardian/parent/caregiver of the camp participant, I hereby agree to assume the risks associated with improperly packaged and marked medication. In consideration for the acceptance by Easter Seals Tennessee, Inc. ("ESTN") of the Participant in the camp and related camp activities, the undersigned do hereby release, forever discharge and waive any claims, causes of action, demands, debts, lawsuits and liabilities which may arise against ESTN and its officers, directors, employees, agents and representatives, and other camp related person acting with permission of ESTN (collectively its "Agents"), directly or indirectly, for injury to participant's person, during his/her involvement with or activities at camp and in particular related to claims for personal injury or death resulting from the participant being administered medication that was improperly packaged or marked (collectively a "loss"); and the undersigned further do agree and covenant to indemnify and hold harmless, and not to sue, ESTN and their Agents from and against any loss on account of any action which may be brought against any of them by the undersigned, or any person on behalf of the undersigned or the participant for the purpose of enforcing or collecting any loss.

Camper Name: _____ Date: _____

Guardians/Parents/Caregivers Signature(s): _____

Medication Packaging

- ** Please help us *speed up the check-in* process by making sure that you fill out the attached medication sheet below and submit back to Easterseals when turning in this medication release form. *This will dramatically speed the check-in process* and make things much easier for the nurse and your family/camper at check in time. **
- Make sure to initial any medications you may have already given to your camper on the day you arrive for check in. Also, please relay this message to the nurse on site to ensure your camper does not receive unnecessary doses.
- Please be sure to include the time of the medication, or if taken before/during/after meals.
- Those with *no prescribed* medication must still have a Medication Sheet on file. Please fill out the top portion and write in “No Meds” across the sheet.

If you have **more than ONE** bottle of medication... **please** bring your medications (that are in pill or tablet form) pre-separated into pill organizers (example to right). There are many styles available but please be sure that it is appropriate to accommodate the medical needs of the camper. It is your responsibility to make sure that this is done accurately. For liquids, birth control pills, injections, etc., we realize that you will need to bring them in original containers. You may also want to contact your pharmacy as they will be able to put one week worth of medication into bubble pack form to bring to camp, free of charge. They will also be able to print you out a complete medication sheet to bring to camp.



IMPORTANT: *You will also be required to bring along the original bottles/containers with the detailed, printed, prescription information. In addition, please verify that at least one days worth of medication is included in the bottle or container for reference purposes by the nurse and to serve as a backup.*

Medication List for_____

Brand Name	Generic Name	Dose	Frequency	Time	Method	Purpose	Prescribed Doctor

Additional Information:_____
