PHYSICIAN AND PARENT REQUEST FOR SELF-ADMINISTRATION OF LISTED PRESCRIPTION MEDICATION(S) WHILE AT HONEYROCK CAMP

Camper_____ Date of Birth_____

Camp Program_____ Dates of camp session_____

TO BE COMPLETED AND SIGNED BY PHYSICIAN OR AUTHORIZED HEALTH CARE PROVIDER
(please note this is for Inhalers, Epi-Pens, Insulin, and Baqsimi [glucose nasal spray] only)

Name of medication_____ Dosage_____ Frequency_____

Inhaler_____ Injection_____ Nebulizer_____

Reason for medication_____

Restrictions and/or important side effects_____

This camper is both capable and responsible for self-administering this medication:

_____Yes _____Yes-supervised _____Yes-unsupervised _____No

This camper may carry this inhaler/injectable medication while at HoneyRock _____Yes _____No

The camper per section 118.29 (WI stats) may carry prescription inhalers/injectable medication(s) with written signature from the physician/nurse practitioner and the camper's parent/guardian.

_____ _____ _____
Physician's Signature Printed name Date

_____ _____
Phone Number Mailing Address

TO BE COMPLETED BY PARENTS/GUARDIANS
I agree to hold HoneyRock Camp, its employees and medical staff who are acting on this request, harmless in any and all claims arising from missing, misplaced or damaged inhalers/injectable medications. I agree to notify HoneyRock Camp in writing at the termination of this request. If any change(s) in the above order is necessary, parent and physician MUST complete a new form.

I hereby give my permission for HoneyRock Camp to contact the physician/health care provider listed above with questions as they arise to the administration of this medication.

_____ _____
Signature of Parent/Legal Guardian Date