



Summer Camp Medication Form
City of Rio Rancho
Parks, Recreation & Community Services Department

Part 1: Medication Policies

Only medications that are prescribed by a physician or necessary to treat a disability are allowed at camp. In order to bring an Epi-pen, inhaler, or other medication to camp, a parent/guardian must submit a completed Summer Camp Medication prior to the start of the program. Each medication requires a separate form.

Approved medications must (please initial all):

- be in the original prescription container
be clearly marked with the child's name
have a current date (not expired)
be brought to camp staff upon arrival on the first day of camp
be signed in/out by an authorized adult each day

Camp staff are not medical professionals and are not authorized to administer medication. Most staff are First Aid/CPR Certified. Staff will be relying upon the child to recognize the development of symptoms and to self-administer most medications. (Please initial all):

- I understand my child is required to self-administer medications, whenever possible.
I understand that staff are trained in administering epi-pens and may assist with administration in an emergency.
I understand that camp staff must hold the medication until my child asks for it.
I understand that camp staff are not authorized to remind children of medication times.

Part 2: To be completed by Parent

Parent/Legal Guardian Name:
Address:
City: State: Zip:
Primary Phone Number: Alternate Phone Number(s):
Child's Name: Date of Birth:
Diagnosis:
Symptoms:
Medication Name:
Dose: Route:
Special Instructions for Storage/Refrigeration:
Time/Frequency of Administration:
Instructions for Administration:
Relevant side effects:
Medication shall be administered from: to .
Month/Day/Year Month/Day/Year

| | | |
|-----------------------------------------------------------------|-----|----|
| My child understands the nature of his/her condition | YES | NO |
| My child understands how to self-administer required medication | YES | NO |
| My child knows when to self-administer required medication | YES | NO |

Part 3: Medical Release and Authorization (To be completed by Parent/Legal Guardian)

Waiver and Release:

I understand that medication must be in the original container with the original label attached and labeled with the camper’s name. Parent/guardian, physician, or dentist shall provide written instructions to City staff concerning administration of medication. Written instructions will be valid for 6 months unless a shorter period is designated by the parent/guardian, physician, or dentist.

I understand that I am responsible for submitting a new form each time there is a change in medication, dosage, or time the medication is to be administered. The City of Rio Rancho is not responsible for any unauthorized medication taken independently by the child. The first dose of a medication should be taken at home whenever possible.

I understand that I am required to cooperate with the City of Rio Rancho with regard to the administration of my child’s medication. I understand that some medications cannot be administered by the City of Rio Rancho, and if my child requires such a medication, it is my responsibility to make arrangements for my child’s medication. I hereby acknowledge that the City of Rio Rancho personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication.

In consideration of permitting my/our child to participate in recreation programs sponsored by the City of Rio Rancho, including summer camp and/or other programs, I hereby for myself, my child, and our executors, administrators and assignees, assume all risks and hold the City of Rio Rancho, its agents, employees, representatives, all sponsors, affiliates, parties permitting use of property for the programs, coordinating groups, volunteers, and any individuals associated with the Programs harmless from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever which may arise in connection with my participation in activities related to the Programs. Parent and/or Guardian authorize City of Rio Rancho and its staff to administer medication as described in Part 2 of this form.

This waiver and release expressly includes any claims arising from or relating to the administration of medication by City of Rio Rancho personnel. Release authorized on the dates and/or duration of the registered season/program. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____