



ARMY WEST POINT ATHLETIC ASSOCIATION SUMMER CAMPS MEDICATION FORMS



Camper Use of Medication During Summer Sports Camps

To be completed by Parent/Guardian

NAME OF CAMPER _____

SPORT CAMP ATTENDING: _____ **DATES:** _____

AWPAA Summer Camps Medical Staff reserves the right to refuse enrollment to, or to send home, any camper whose medical condition(s) and/or illness: (1) is beyond the staff's capability to provide proper care; or (2) poses an unreasonable threat to the health or safety of the camper, other campers, or staff.

At the sole discretion of the AWPAA Summer Camps Medical Staff, the Certified Athletic Trainer and/or Nurse will accommodate parent/guardian reasonable requests for medication (including prescription and over-the-counter) to be administered during the summer camp. Campers must be able to retain and administer their own emergency medications (i.e. Epi Pens, asthma inhalers, glucagon, insulin, etc.), otherwise they will be refused enrollment.

In order for summer camp personnel to administer medications during camp, the attached form MUST be provided at check-in to the camp medical staff, signed by the parent or guardian and a physician.

****If forms are not provided or not sufficiently completed, medications will not be accepted nor permitted on campus, and will be left in parent/guardian possession.***

The medication (including both prescription and over-the-counter) MUST be in the original container. All prescription medications must be properly labeled by the pharmacy or physician. The label should indicate the name of the camper and the physician, the medication, reason for administration, dosage, route, and time of administration. The date of the prescription must be a current date.

All prescription medication will be retained in the locked nurses' station for the duration of camp. Any changes in medication, dosage, or frequency will necessitate a new form and a new, labeled container. Parents/Guardians are encouraged to provide only the necessary amount of medication for the duration of camp; all medications not picked up at camp check-out will be properly disposed of by the camp medical staff.

Day camp medications: The only prescription medications permitted at day camps are those necessary in emergency situations (i.e. Epi pen, asthma inhaler, glucagon, etc.), with the attached form properly completed. All non-emergency prescription medications must be administered by the parent/guardian prior to arriving at check-in, or following conclusion of the day camp.

Please email Gretchen Dressel at Gretchen.Dressel@westpoint.edu regarding health concerns. For other camp questions, please contact the respective summer sport camp your daughter or son is attending.

Gretchen Dressel, MS ATC CSCS
Associate Athletic Trainer
Army West Point Athletic Association

By signing below, I acknowledge and agree to the above information.

Parent/Guardian Signature: _____

Date: _____



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Medication to be Administered During Summer Camp

All sections must be completed and signed.

Section 1: To be completed by Physician/PCM

Name of Camper: _____ DOB: _____

Diagnosis and indication for medication administration: _____

Medication	Dosage	Time	Route	Duration	Possible Side Effects

Precautions/Restrictions: _____

Physician/PCM Signature: _____ Date: _____ Clinic Phone Number: _____

Stamp: _____

Section 2: To be completed by Parent/Guardian

I hereby give permission for my dependent (camper's name) _____ to receive, from the nurse, the above prescription at camp as ordered. I understand that it is my responsibility to furnish the camp nurse with this medication. It is also my responsibility to pick up the medication at the end of the summer camp or when the medication is no longer to be administered to my dependent. I understand that medications left in the Summer Camps Nurse's station after the completion of camp will be disposed of properly.

I give permission for the camps nurse and my dependent's health care providers to exchange information about the diagnosis for which this medication is prescribed and my dependent's response to the medication. This permission is valid for this current summer camp session, only. I understand that it is my responsibility to inform the camp nurse/medical staff of changes to my dependent's health status or contact information as originally provided.

NOTE:

- Prescription medications must be brought to camp in the original container, labeled by the pharmacy, stating the name of the camper, the medication, reason for administration, dosage, route, time of administration, and the date issued.
- Prescribed medications purchased as an over-the-counter medication and not subject to a pharmacy label, must be brought to camp in the original unopened container labeled by the parent/guardian with the camper's name, date of purchase, and reason for administration.
- All prescription medications will remain in the nurses' station for the duration of the camp session.

Signature of Parent/Guardian: _____ Date: _____

Section 3: To be completed by nurse

Date medication received: _____ Amount of medication received: _____

Expiration date of medication: _____

Nurse's notes: _____

Signature of Camp Nurse: _____