



# 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](mailto: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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## Permission for Camper to Retain Control of Emergency Medication

*All sections must be completed and signed.*

### Section 1: To be completed by Physician/PCM

Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Duration of treatment: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Times of day/Circumstances under which medication is to be given: \_\_\_\_\_

Reason camper must have possession of medication at all times: \_\_\_\_\_

Expected results from using this medication: \_\_\_\_\_

Back-up medication needs to be kept with camps medical staff: (Circle one) YES / NO

What camper should do if expected results are not obtained and in case of adverse reaction: \_\_\_\_\_

I have instructed the camper and parent/guardian in the proper use and method of administering this medication. I have also given instruction of the legal consequences of using the medication inconsistently with the prescription or sharing the medication with anyone else. I have provided the camper and parent/guardian with the above instructions regarding the symptoms of possible adverse reactions, contraindications, and what to do if camper experiences difficulty with or while taking the medication.

The camper's medical condition is such that the camper must be in possession and control of the medication at all times and be free to administer the medication when needed. In my opinion, the camper possesses sufficient maturity and responsibility to follow my instructions.

PCM Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2: To be completed by parent/guardian and return to camp nurse

I have read the physician's statement and hereby consent to my dependent's retaining possession at all times of the above prescribed medication. I understand, and have informed my dependent, that any illegal use of the medication by the camper (including use of the medication inconsistent with the prescription or sharing of the medication with another) will result in disciplinary action.

I further consent to the AWPAA Summer Camps Medical Staff assisting with medication administration or administering the above medication in an emergency situation. I give permission to the AWPAA Summer Camps Medical Staff and the health care providers at the responding treatment facility to exchange above and all necessary medical information about my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 3: To be completed by camper

I understand that I am required to retain possession and control of my prescribed medication in accordance with the terms set forth in Section 1 above. I have been advised of my responsibility to use my medication only in strict accordance with the prescription. I understand that any use of my medication inconsistent with the terms of my prescription is an illegal use, as is the sharing of my medication with another person. I agree to carry a pharmacy-labeled container of the medication, to keep a record of the times I use my medication, and to share information with the nurse/medical staff/coach that will help evaluate and monitor the effects of my medication.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions reviewed with Nurse and ATC.** Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATC Signature: \_\_\_\_\_ Date: \_\_\_\_\_