



Consent for Administration of Medication and Medication Log

Parent/Guardian's Instructions:

1. All medications must be labeled with the child's full name, dosage, and date given to the camp
2. Medications must be stored in the **original packaging** with an unaltered label
3. Medications will be administered according to the label directions
4. Parents/Guardians must provide written consent to allow staff to administer medications. Additional instructions cannot conflict with the prescription label or product label directions

Child's Name:	Child's Date of Birth:
Medication Name(s): Dosage(s) and Route(s) (how much and how it is given)	
Storage method:	
<input type="checkbox"/> At HQ in lockable cabinet <input type="checkbox"/> In lockable refrigerator <input type="checkbox"/> With the Child (Note: Must have Director sign-off)	
Director: _____ Date: _____	

___ My child CANNOT self-administer this medication. I authorize Jen's Camp staff to assist in the administration of medications described above to the child named above for the following medical condition/s:
 List Medications for staff administration here if different from all the above : _____

___ My child CAN self-administer this medication. Unless medically impossible, my child will come to the Camp HQ desk to administer this medication(s). He/She/They understand that they get it from HQ or if medically necessary and approved by a Jen's Camp Director, keep it on their person, act responsibly, and keep all others out of harm's way. They must notify staff at Camp HQ desk when and if they use it.

List medications for self-administration here: _____

From(date) _____ to _____ at (time(s)) _____ daily while in attendance

Additional Notes:

Jen's Camp will make an effort to return all unused medication to the above-mentioned parent/guardian at the end of the camp session (or before if requested). Please remind us at pick-up if you need your medication. If we are unable to reach the parent/guardian for medication left at camp, it will be disposed of at a local pharmacy.

I, the Parent/Legal Guardian of the child named below, understand that the administration of my medication by the staff at Jen's Camp is subject to the Waiver of Liability and Assumption of Risks that I accepted as part of the camp registration Terms and Conditions found at jenscamp.com/terms-and-conditions.

Parent/Guardian Name

Parent/Guardian Signature and Date

Jen's Camp Staff Name

Jen's Camp Staff Signature and Date