



ADTC - The ULTIMATE Overnight Dance Camp!

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Ask Us Anything!

866-383-ADTC

ADTC Camper Medication Form

Camper's Name/Session _____
Last First Location/Session

Will this camper take any medications while attending camp?

- No, this camper will not take any medications while attending camp (skip to page 2)
- Yes, this camper will take medications while attending camp (complete page 1 below AND page 2)

Medical Administration Form *(to be completed/signed by prescriber & parent of campers bringing medications to ADTC)*

Complete page 1 form below if you answered "yes" above. This form must be completed fully in order for camp directors and staff members to administer the required medication or for the camper to self-administer medication. All medications brought to camp must be included on this form and given to the nurse in a large ziploc bag (sealed & labeled in original packaging), along with this form at check-in. Prescription medication must be properly labeled. If dosage on the container is different than what is to be given, a doctor's note must accompany the prescription with current instructions. Nonprescription medication (vitamins, homeopathic and herbal medicines) must be in the original container with the instructions for use. No medication will be given unless it is in the original container. We request that you do not bring over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). ADTC can provide these OTC medications (see page 2)..

Medication (name)	Form (tablet, capsule, liquid, inhaler, etc.)	Dosage (amount to be given)	When It is Given (breakfast, lunch, dinner, bedtime, other)	Info/Purpose (reason for taking, known side effects)

Prescriber's Name/Title _____
Last First Title

City State Zip Code Phone Email

AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

Self-carry is only permitted for emergency medications such as inhalers and epinephrine.

List medications authorized for self-administration/self-carry under the supervision of ADTC's Director or designated staff member.

Prescriber's Signature _____ Date

Parent/Guardian Signature

I request the authorized camp director or staff member to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at camp. I understand that at the end of the camp session/s, the authorized individual listed below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the authorized prescriber listed above.

Parent/Guardian Signature _____ Date Individual Authorized to Pick Up Medication

OTC Medication Form (to be completed/signed by parents of ALL campers)

The following non-prescription medications may be administered at camp as needed to manage illness and injury:

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)	Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)	Sore throat spray
Lice shampoo or cream (Nix or Elimite)	Calamine lotion
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Generic cough drops
Laxatives for constipation (Ex-Lax)	Antibiotic cream
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Aloe

Are there any over-the-counter medication/s your camper should NOT be given at camp? Please list:

- Any/all over-the-counter medications are ok for my camper.
- Any/all over-the-counter medications except the ones I listed above are ok for my camper.

Parent/Guardian Signature

Date