



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

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

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 medications such as inhalers or epipens. 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.

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

Prescriber's Signature \_\_\_\_\_ Date

### **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