

# Medication Form

According to Rule 265.15 of the Texas Administrative Code, all medications sent to camp must be surrendered to the Camp Health Officer for the duration of camp. All medications (prescription and over-the-counter medications) must be brought to the nurse's desk at check-in the morning of departure. Over-the-counter medications must be in their original, unopened packaging and prescription medications must be in their original prescription containers. This rule applies to all medications except for emergency medication allowed by Texas state law: an inhaler or EpiPen; however written approval by the Camp Health Officer is required for any student who will be carrying an emergency medication.

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Why does your student take this medication: \_\_\_\_\_

When does your student take this medication: \_\_\_\_\_

Any special instructions regarding this medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Why does your student take this medication: \_\_\_\_\_

When does your student take this medication: \_\_\_\_\_

Any special instructions regarding this medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Why does your student take this medication: \_\_\_\_\_

When does your student take this medication: \_\_\_\_\_

Any special instructions regarding this medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Why does your student take this medication: \_\_\_\_\_

When does your student take this medication: \_\_\_\_\_

Any special instructions regarding this medication: \_\_\_\_\_

# Emergency Medication Form

According to Rule 265.15 of the Texas Administrative Code, all medications sent to camp must be surrendered to the Camp Health Officer for the duration of camp. Students will not be allowed to carry medication on them except for the emergency medication allowed by Texas state law: an inhaler, EpiPen, or insulin. Written approval by the Camp Health Officer is required for any student who will be carrying an emergency medication. This form hereby serves as the written approval of the Camp Health Officer for the below mentioned student to carry his/her emergency medication.

I \_\_\_\_\_ (parent's name) am verifying that \_\_\_\_\_ (student's name) has shown the skill to self-administer his /her prescribed inhaler, EpiPen, and or insulin in the event of an emergency. I am giving permission for my student to carry his/her medication in the event of an emergency. Furthermore, I acknowledge that Palm Valley Church and Camp Tejas will not be held responsible for an emergency medication that is lost, given, or taken by another person nor will these entities be responsible when the my student uses his/her medication.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Camp Health Officer's Signature

\_\_\_\_\_  
Date

I \_\_\_\_\_ (student's name) have been instructed in the proper use of my prescribed medication and fully understand how to self-administer this medication. I will not allow another person to use my medication under any circumstances. I also understand that the privilege of carrying my medication may be revoked if I am not responsible with my medication. I also accept the responsibility of notifying the Camp Health Officer if I feel the need to use my emergency medication.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Camp Health Officer's Signature

\_\_\_\_\_  
Date