First Aid/Medication Authorization Form

(Prescribed Medications)

Child's full name: _____Age: _____ DOB _____ Name of Current Medications _____ Prescription No.: _____Prescription Date: _____ Quantity # daily: Am: _____Noon: _____ Pm: _____

I, _____, grant permission designee to assist in the administration of prescribed medications for my child, _____. I certify that the prescribed medication is in its original container and that it is necessary, according to my Doctor's instructions, for this medication to be provided. I understand that this medication will be given only according to the directions on the label as prescribed by the Doctor. I further understand that at the end of the camp it will be my responsibility to pick-up any unused medication within one week after camper has gone; if said medication has not been retrieved by this time we will properly dispose of medication for the safety of the other campers.

First Aid/Medication Authorization Form

(Over the Counter Medication/Topical)

This form is valid for Grey Goose Farm; Summer Horse Camp program this form must be renewed every year. The following items will be administered in the correct dosage for your child's age and weight in the event of minor injuries, scrapes, etc. If your child is allergic to any of the medications and/or the ones listed below in any form, please write NO if child can not be administered or YES if they can be administered, from the list below.

_____Tylenol	_____ Benadryl	_____ Triple Antibiotic Ointment
_____Motrin	_____Rubbing Alcohol	_____Sun Screen
_____Acetaminophen	_____ Iodine Tincture/Mercurochrome	_____Band-Aids
_____Imodium AD	_____Calamine Lotion	_____Pepto Bismol

_____ Over the counter insect/burn medicine

_____Parent initial here if it is acceptable to give any of the above listed marked yes medication/topical.

Health History

Check if camper has the following: Allergies (Specify) _____ Asthma____ Fainting/Convulsions_____
Heart Trouble_____ Tubes in ears_____ Diabetes_____ Severe Reactions to bee stings_____
Common Reaction_____
Immunization Date: Tetanus_____ Polio_____ Measles/mumps/rubella (3 day measles) _____
Any current condition requiring medication? Yes___ No___ (please use a separate sheet of paper if needed for full explanation)
If yes, instruction: _____
Any restrictions of activities for medical reasons? Yes___ No___ (please use a separate sheet of paper if needed for full explanation) If yes, what are the restrictions? _____
Do you carry Family Health Insurance? Yes___ No___ Carrier: _____ Group #_____
Family Doctor: _____ Phone :(_____) _____
Family Dentist/Orthodontist: _____ Phone: (_____) _____
Is there anything you want your camper's teacher to be aware of? I.e. Changes in family life, learning disabilities, phobias? _____
Parent's Note and/or Explanations:

_____

_____

_____

Date Signature of Parent/Legal Guardian Print Name