

# CAMP PUTNAM, INC.

[campputnamdirector@gmail.com](mailto:campputnamdirector@gmail.com)

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(774) 449-8036

## MEDICATION INFORMATION

### Permission to Administer Medications...

I, (*parent/guardian name*) \_\_\_\_\_

give permission to authorized personnel at Camp Putnam to administer emergency care and/or medications to my child: (*child's name*) \_\_\_\_\_ while at camp. I give permission for authorized camp staff to administer the following medications to my child per camp Physician Standing Orders, as well as the protocol for medication administration. Please indicate your permission by placing an "X" next to approved medication.

\_\_\_ acetaminophen (Tylenol) \_\_\_ Ibuprofen (Motrin) \_\_\_ Robitussin \_\_\_ Topical skin application of

Calamine Lotion \_\_\_ Diphenhydramine (Benadryl)

\_\_\_ Hydrocortisone 1% cream \_\_\_ Pepto Bismol \_\_\_ NIX treatment (for head lice)

### Please complete below for prescription medications your child will need to receive during camp:

Medicine Name:	Dosage:	Times to Dispense:

Please list any **allergies** your child has (medication, bees, foods, etc) and the type of reaction he or she may experience (anaphylactic, rash, digestive issues, etc) or any other **serious medical issues** (diabetes, seizure disorders, etc) that the nurse should be aware of immediately upon your child's arrival to camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*ALL PRESCRIPTION AND OVER THE COUNTER MEDICATIONS MUST COME TO CAMP IN ORIGINAL BOTTLE OR CONTAINER OR THEY WILL NOT BE DISPENSED.\*\***

# Camp Putnam, Inc. Emergency Information

**CONTACT INFORMATION:**

Camper's Name:	
Parent/Guardian Name(s):	
Home Address:	
Primary/Cell Phone:	
Secondary/Work Phone:	
Additional Phone:	

**DESIGNATED EMERGENCY CONTACTS OTHER THAN GUARDIAN LISTED ABOVE**

Name/Relationship	
Phone:	
Name/Relationship	
Phone:	

ARE THERE ANY CUSTODY/LEGAL/OTHER ISSUES SPECIFIC TO YOUR CHILD WE SHOULD BE AWARE OF? IF SO, PLEASE DESCRIBE HERE AND EMAIL US ANY RELEVANT PAPERWORK AT [campputnamdirector@gmail.com](mailto:campputnamdirector@gmail.com)

### Emergency Authorization

*In the event of a medical emergency concerning your child, if you cannot be immediately reached, the Camp Director, Camp Nurse or Designee has authorization to act on my behalf. I understand that all medical costs would remain my responsibility.*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Insurance/Medical Information:

Insurance Carrier:	
Policy Number:	
Child's Primary Care Dr/Address	

### Publicity Consent

*We routinely have the news media visiting Camp Putnam as well as routinely taking pictures for use in Camp Putnam publicity. If you DO NOT want our child's name/picture published, you must inform us in WRITING before the start of your child's camp session.*

