

MEDICATION CONSENT & DAILY RECORD FOR 2024 Summer at Camp Maple

Camp Maple at Maple Ski Ridge 2725 Mariaville Road, Schenectady, NY 12306 518-381-4700

INDIVIDUAL PERMISSION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

DOCTORS' ORDER MUST ALSO BE ATTACHED

Doctor's Order attached? Yes No

Name of Child: _____ DOB: _____

Name of Medication: _____ Dose: _____ Route: _____
 (by mouth, injection, ect)

Is this a Scheduled medication? Yes No If Yes: Administration Time(s): _____

Is this an "As Needed" medication? Yes No If Yes: What are the indications for administering this medication? _____

Dates to be administered: From: _____ until _____ Refrigeration? Yes No

Reason for administering medication: _____

Special Instructions: _____

Possible adverse reaction: _____

Additional Comments: _____

I authorize Maple Ski Ridge – Camp Maple to allow my child, _____, to self-administer the above noted medication(s).
 I realize all medication will be secured with the Health Director daily, and at no time will any medication be kept with my child.

Parent Name: (Print) : _____ Parent Signature: _____ Date: _____

JUNE/JULY						
Week of Camp	Dates	Monday	Tues	Wednes	Thursday	Friday
1	7/1-7/3				CLOSED	CLOSED
2	7/8-12					
3	7/15-19					
4	7/22-26					
5	7/29-8/2					

AUGUST/SEPTEMBER						
Week of Camp	Dates	Monday	Tues	Wednes	Thursday	Friday
6	8/5-8/9					
7	8/12-16					
8	8/19-23					
9	8/26-30					
10						

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Medication Changes	Date

Nurse/Trained Staff Signature	Initials

Medication Not Given	Date	Reason	Parent Notified	Date	Time

Medication Received By:	Count	Date

Parent Notified to Bring Medications	Date

Medication Picked Up By:	Count	Date

Miscellaneous Notes	Date