

## River's Way

### Medication Information Form

This form needs to be filled out (by a parent/guardian) for campers who will need to take ANY medication while on any River's Way Summer Programs. We discourage the use of "over-the-counter" medications; however, we recognize that this may be necessary in some cases. Please understand that River's Way First Aid kits contain general "over-the-counter" medications such as pain relievers, allergy relievers, etc. so general aches and pains can be dealt with by trained River's Way staff. **All medications must be registered with the Health Care Manager and turned in to River's Way staff upon arrival to River's Way Outdoor Adventure Center.** Medications must be in their original container. The container should be labeled with the name of the camper, the name of the medication, dates & dosage requirements. **We cannot distribute medications that are not in their original containers with original labels.** All medications will be kept in a locked medications bag. Medications will be used only under direct supervision of River's Way staff and will be returned to parents/guardians at the end of the program. Thank you for your cooperation!

Camper's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Please fill out the form below for EACH medication.

Med. Name	Purpose	Amt. Brought To River's Way	Dosage	Frequency
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1.

2.

3.

By signing below, you are indicating you have read and filled out the above information to the best of your knowledge and that you are completely knowledgeable about the camper's medical needs. Also, you are indicating your consent to River's Way staff administering the above listed medications.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_