Medication Procedures

Health Care Check-In Policies and Procedures

Every Camper must meet with the Camp Medical Staff during check-in. The camper's physical condition will be screened upon arrival and documented. This screening will check vital signs and signs of illness. Check-in will also include: medication check-in, discussion of any specific medical needs, dietary requirements, allergy verification, and any physical limitations. The Camp Director or Camp Medical Professional will have the authority to decide whether or not a camper will be allowed to stay at camp based on the medical checks and procedures.

Medication Preparation for Camp

Please follow these directions when preparing the camper's medication to attend camp. All prescription medications, vitamins, and supplements **must be pre-poured before** camper check-in. Topical creams, eye drops, and other medications that cannot be poured must be provided in their original containers. Medications should be pre-packaged in a med minder by a parent, caregiver, or agency. See picture below.

Bring to Camp

1. A med minder box containing each dose of medication that will be given at camp. Please label all med minders with your camper's name.
2. An **extra dose** of each medication in its **original pill bottle or bubble pack** labeled with current prescription information (or medication name and strength for OTC medications)
3. A copy of the Release of Liability for the Administration of Pre-Poured Medication signed by the person who prepared the medication.

All medications MUST match the medication list provided by the physician signed on the Medication Order Form and Administration Record and must be current at the time of check-in. Any medication changes must be documented on our Order for New or Updated Medication and signed by a physician.

RELEASE OF LIABILITY FOR THE ADMINISTRATION OF PRE-POURED MEDICATIONS

I, (Parent/Legal Guardian/Agency/Self)_____, hereby confirm that I have pre-poured prescription and nonprescription medications according to the Medication Order Form and Administration Record for (Camper Name) _____, and give permission for the Camp Medical Professional at Colorado Lions Camp to administer medication without liability. I confirm that I have pre-poured the medications according to the Colorado Lions Camp's written medication procedures and the Medication Order Form and Administration Record. I relieve the Colorado Lions Camp from any liability which might arise from the pre-poured medication(s) due to the administration thereof.

_____ _____

Signature: Individual that Pre-Poured Medication **Date**

The following are to be completed at check-in:

_____ _____

Signature: Individual Checking-in Camper **Date**

_____ _____

Signature: Camp Medical Professional **Date**