

Dear Parent/Guardian:

We know that you and your student are excited about them going to 5th grade camp! To give us plenty of time to assist you in gathering all of the Health Care Provider Orders required to take medication to camp, **we are asking you to return this form letting us know your plans for sending medications to camp.**

Oral Medications/Prescription Topicals: No oral prescription or over the counter medication (Tylenol, Benadryl, dietary supplement, inhalers, etc.) or **Prescription Topical** can be sent to camp unless we have an order on file at school signed by your licensed health care provider and signed by parent/guardian.

Non Prescription topical creams, sprays, and ointments: If parent/guardian indicates that they want to send non-prescription, over the counter creams, ointments, sprays etc., the health room will send home a parent/guardian permission slip for the student to be allowed to self carry and self administer the topical. This must be signed by the parent/guardian.

I am **NOT** sending any medications, topical, or supplement(s) to camp.

I plan to send the following oral medications/inhaler/supplements to camp:

I plan to send the following topical(s) to camp:

I understand that my son or daughter may not share the topical cream, ointment or spray with another person. These are limited to his or her use only as directed.

Please send home the required medication orders and I will return the completed order signed by the health care provider and me.

The orders can be turned in any time, **but no later than:** _____

Please call the health room to make arrangements to **bring in the oral medications.**

Due in office: _____

** Must be in the original, non expired bottle and properly labeled. Send only the number of doses required for camp.*

Other conditions or special considerations you have regarding over night camp:

Student Name: _____ **Teacher:** _____

Parent/Guardian: _____ **Date:** _____

Please call the school if you have any questions! Office: _____

Health Room: _____

Thank you!

Health Room Assistant: _____

Registered Nurse: _____