

5th Grade Camp Medical Letter

Dear Parent/Guardian,

5th grade camp is scheduled for <u>Wednesday, April 10th</u> to <u>Friday, April 12th, 2019.</u> In order to care for your student safely, please complete this required form, addressing any health concerns and medication needed at camp. Return it to school by <u>February 1st, 2019</u>.

Medication is defined as *any* medication prescribed or non-prescribed; including over-the-counter items, vitamins, homeopathic, creams, and/or oils.

| \square NO, I am NOT sending any medication(s) with my student to camp. |
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| YES , I plan to send the following medication(s) with my student to camp:** |
| ** In order for my student to have any medications at camp, I understand that I am required to return a Medication Authorization Order Form, completed and signed by a licensed health care provider. Contact the healthroom for this form. |
| Items not requiring a Medication Authorization Order Form are sunscreen, deodorant, toothpaste and lip balm. Please label these with your student's name. |
| The completed Medical Authorization Form must be returned by <u>March 4th, 2019.</u> |
| All Medications are due in the Health Room by <u>March 18th, 2019</u> . Medications must be in the original container, non-expired, and properly labeled. <i>Please bring only the number of doses required for camp</i> . |
| Other health conditions, medical needs, or special considerations regarding overnight camp: |
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Please call the school if you have any questions. Office: (425) 385-6200 | Health Room: (425) 385-6206 | Fax 425-385-6206

Student Name: _____ Teacher: _____

Parent/Guardian: Date:

Health Room Assistant: Kari Cundall | Registered Nurse: LeAnne Marziale, RN 425-626-0944