

CONSENT FOR MEDICATION ADMINISTRATION

PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. **Please complete the following and initial one of the three below:**

 No medication has been brought to camp.
initial

 My son/daughter/ward has brought the following **non-prescription medication** to camp and will
initial administer it him/herself. Name of Medication(s) _____

 My son/daughter/ward has brought the following **emergency medication** (i.e., bee sting kit, inhaler) to
initial camp and has our permission to self administer them. **Please complete the following.**

Name of Medication(s)	Prescribing Doctor	Doctor's Phone
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Amount to be taken	How is it taken?	Time(s) of day to be taken
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Days to be taken	Special instructions	
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 My son/daughter/ward has brought the following **prescription medication** to camp; I understand it
must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please
complete the following; make copies of this form if needed):

Name of Medication 1	Prescribing Doctor	Doctor's Phone
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Amount to be taken	How is it taken?	Time(s) of day to be taken
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Days to be taken	Special instructions	
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Name of Medication 2	Prescribing Doctor	Doctor's Phone
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Amount to be taken	How is it taken?	Time(s) of day to be taken
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Days to be taken	Special instructions	
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Name of Medication 3	Prescribing Doctor	Doctor's Phone
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Amount to be taken	How is it taken?	Time(s) of day to be taken
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Days to be taken	Special instructions	
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Signature of Parent/Guardian	Date
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PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. **Please complete the following and initial one of the two below:**

 No medication has been brought to camp.
initial

 I give permission for the medication or medical devices to be self-administered by my son/daughter/
initial ward. He/she has brought the following medication to camp:

Name of Medication(s)	Prescribing Doctor	Doctor's Phone
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Amount to be taken	How is it taken?	Time(s) of day to be taken
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Days to be taken	Special instructions	
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Signature of Parent/Guardian	Date
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 I request that the medication or medical devices be collected, secured and administered by the Camp
Health Staff. (If this option is checked, please complete the following:)

Name of Medication 2	Prescribing Doctor	Doctor's Phone
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Amount to be taken	How is it taken?	Time(s) of day to be taken
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Days to be taken	Special instructions	
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Name of Medication 2	Prescribing Doctor	Doctor's Phone
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Amount to be taken	How is it taken?	Time(s) of day to be taken
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Days to be taken	Special instructions	
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Name of Medication 3	Prescribing Doctor	Doctor's Phone
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Amount to be taken	How is it taken?	Time(s) of day to be taken
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Days to be taken	Special instructions	
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Signature of Parent/Guardian	Date
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HEALTH HISTORY QUESTIONNAIRE

Participant

Name _____ Camp/Event _____ Camp Dates _____

Home Address _____ City _____ State _____ Zip _____

Sex () M () F D.O.B. _____ Height _____ Weight _____ Email _____

Parent/Guardian _____ Relationship _____

Home Phone _____ Work Phone _____

Address if different than participant's _____

Contact person in case of injury or illness.

Name _____ Relationship _____ Phone _____

Name of Physician _____ Phone _____

Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella)

Dose 1 - Immunization at 12 months _____/_____/_____

Dose 2 _____/_____/_____

Tetanus-Diphtheria

Year of initial series _____/_____/_____

Year of last tetanus booster _____/_____/_____

Has the participant ever had major surgery or been hospitalized? () Yes () No

Please explain any significant operations, accidents, or illness, and last medical attention and reason _____

Does the participant have any physical condition(s) requiring special considerations? Explain _____

Is participant taking medication? () No () Yes

If YES, complete the consent for medical administration

Does participant have allergic reaction to: (check box if YES)

() Penicillin _____

() Other Antibiotics _____

() Other Medicines (type) _____

() Insect Bites/Stings _____

Has participant had or is presently experiencing the following (check box if YES)?

() Allergies () High Blood Pressure

() Asthma () Joint Injury/Surgery

() Bleeding Disorder () Kidney Disease

() Cancer () Menstrual Difficulties

() Colitis () Mental/Emotional Problems

() Diabetes () Neck/Back Pain/ Injury

() Epilepsy/Seizures/Blackouts () Rheumatic Fever

() Heart Disease () Tuberculosis

() Hernia () Ulcer

() Other _____

CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.

Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM