



The Care of Asthma or Severe Allergies at Camp Patriot

DIRECTIONS

Forms required to be returned to the Camp Patriot Director or fax to (918) 747-8724:

STUDENT ASTHMA/SEVERE ALLERGIES INFORMATION SHEET (Parent Completed)

MEDICATION CONSENT FORM (Parent and Physician Completed)

If changes occur during the year updated paperwork will need to be on file with the nurse.

Use of Medication While at Camp Patriot

All medications brought to Camp Patriot must be in their original container, with a signed Medical Consent Form from your physician giving the child's name, class, dose, and time for medication to be given.

If your child has need of an **inhaler** while at camp or camp sponsored functions:

Options #1 Keeping the inhaler with the Camp Director, where your child can use it with any needed supervision. You will need to fill out a Student Asthma/Severe Allergies Information Sheet, as well as complete a Medication Consent Form signed by your physician. *Parents may want to discuss the use of a spacer for younger students with your physician.

And/Or

Option #2 Any student whose physician has signed a consent allowing them to carry their inhaler may do so at Camp Patriot or camp sponsored activities. The advantage is that it is immediately accessible. It is suggested that a spare inhaler be provided by the parent and kept for the child with the Camp Patriot Director should the child forget his/her inhaler or run out of medication while at camp. A Student Asthma/Severe Allergies Information Sheet and Medical Consent Form is required.

Please Note: Nebulizer treatments are not available during Camp Patriot or camp sponsored functions.

If your child has the potential need for an **Epi-Pen (epinephrine)**, for young children we recommend you leave one with the Camp Patriot Director. For older students you may consider obtaining a physician consent for them to carry one at camp, in addition to having one with the Camp Director; a Medication Consent Form is required. **REMINDER:** All forms need to be resubmitted anytime there is a dosage change.

STUDENT ASTHMA/SEVERE ALLERGIES INFORMATION SHEET | CAMP PATRIOT
(Parent Completed)

Student Name _____ Birth date _____ Date _____

1.) Identify triggers for an attack or allergic episode. Check all that apply:

- Exercise Strong odors Change in Temperature Animals
 Respiratory Infections Mold/Pollens Food type: _____ Other (please list)

Comments:

2.) Describe the type of symptoms experienced during an episode (e.g., wheezing, coughing, tightness, other)

3.) If a Peak Flow Meter is used, what is a normal reading?

4.) What medication(s) or treatment(s) would you like to have administered at school if needed?

- Benadryl Inhaler Epinephrine
 Prednisone Peak-Flow Meter

Other _____

5.) What is your normal routine for prevention and management of symptoms? (Use back if necessary)

Please complete a Medication Consent Form for any prescribed treatment or medication brought in or to be carried by the student.

6.) What are the number of times your child had an acute episode?

Comments: _____

List Approximate Dates: _____

Has your child ever needed an Epi-Pen? If so, what age? _____

Additional Information/Instructions: _____

MEDICATION CONSENT FORM | CAMP PATRIOT

Metro Christian Academy requires that students who need to take prescription medication any time during Camp Patriot or a camp function comply with the following regulations in accordance with state law:

1. Medication is to be brought to camp in a container appropriately labeled. Your pharmacist can provide you with a separate "camp" bottle if the medicine is required both at home and camp.
2. Sample medicines must be accompanied by the doctor's written orders.
3. **Students are not allowed** to carry medications of any kind, to include OTC medications. Physician approval is required to carry an epi-pen or inhaler.

Student's Name _____ Grade/Year of Graduation _____

Address _____ Phone _____

I request that the Camp Director or designee, administer the medication listed below by my physician to my child.

Parent's Name _____ Date _____

Parent's Signature _____ Relationship _____

Physician's Authorization

To be completed and signed by prescribing physician

Name of Medication _____ Name of Medication _____

Date of Order _____ Date of Order _____

Dosage _____ Dosage _____

Time _____ Time _____

Additional Instructions Required for Severe Allergies: _____

Please Check

Medication to be kept with the Camp Director Medication to be kept with the Camp Director

Student may carry an Epi-Pen Student may carry and Inhaler

Student may use school epinephrine in prescribed dose, if needed

Physician's Signature _____ Date _____