

## Pecometh Medication Addendum

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

**Camper Name:** \_\_\_\_\_

- Medication:**
- This participant will **not** take any daily medications while attending camp.
  - This participant will take the following daily medication(s) while at camp.  
**(Physician’s signature required below)**

Name of medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other		

**IMPORTANT NOTE FOR MEDICATIONS:** By law, all prescription medications must be brought to camp in their original containers, with the doctor’s instructions. DO NOT pre-dispense, place in daily pill holders, wrap in outer materials, or ask us to dispense by other than doctor’s orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.

**A physician’s signature is required to allow Pecometh’s authorized staff to dispense the medications listed above.**

**Physician’s printed name and address:** \_\_\_\_\_

**Physician’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By checking below, I consent that the camper named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the camper named above under the supervision of an authorized Pecometh staff member. This does NOT provide authorization for campers to self-carry medications. All medications, including emergency medications such as inhalers and epi-pens, must be securely stored by camp staff at all times.

**Physician’s Authorization:**  YES  NO Initials: \_\_\_\_\_

**Parent/Guardian Consent:**  YES  NO Initials: \_\_\_\_\_