

Glaciers Edge Council National Youth Leadership Training

Wisconsin State Code requires that all medications brought to camp by campers shall be in the original container clearly labeled to include:

- | | |
|----------------------------------|---------------------------|
| 1) Client Name | 4) Date Prescribed |
| 2) Name of prescribing physician | 5) Name of the Medication |
| 3) Prescription number | 6) Directions for use |

All medication shall be stored in a locked cabinet or room along with the records of dispensation. In addition the physician shall provide the following written instructions and the parent/legal guardian shall give written consent for adult NYLT staff to administer medications to campers less than 18 years of age.

Unit Type and # _____

ParticipantName: _____

Name of Parent or Gaurdian: _____ Phone(____) _____

Doctors Name: _____ Phone(____) _____

PRESCRIPTION MEDICATIONS:

Medication / Strength: _____
Reason for Medication: _____
When was medication was started? _____ Temporary: _____ Permanent: _____
Side Effects:(reactions to food, other medications, dehydration, drowsiness, ect...) _____
Special Storage Instructions: _____

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PARENT / LEGAL GAURDIAN CONSENT

The adult staff at NYLT has my permission to administer the above medications to my child.

SIGNATURE _____

DATE _____