2027 "Epi-Pen" / Medication Standing Order Form

Important: This form must be **completed and signed by parent or guardian AND Physician** before the child may take part in activities with Future Stars, if attending with an "Epi-Pen" or Medications.

Fax or Email this form prior to your child's camp week – purchase@fscamps.com Fax: 914-368-9054
"Epi-Pen" or Medication MUST also be handed in at Monday arrival in a labeled zip lock bag with a copy of this form.

Camper's Name: _____Age: _____Birthdate: _____

In case of emergency or questions, please notify: Name: _____

Primary Phone #:_____ Secondary Phone #: _____

Dear Parent or Guardian,

Efforts should be made to administer medications at home, prior to your child's camp day. However, if your physician feels that it is necessary for your child to take medication during camp hours, our staff will properly store/secure the medication and monitor your child when usage occurs.

MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE LABEL
"Epi-Pen's" MUST BE IN THE ORIGINAL BOX WITH PRESCRIPTION/DOSAGE LABEL

Campers are at no time allowed to carry medication, of any kind, throughout the camp day (aside from inhalers). Any carry permission must be approved by the physician. Campers must not take medication without official written directive from the physician, and without supervision of our medical staff.

Parent/ Guardian Consent

I request that the Future Stars Summer Camp medical staff supervise my child as he/she administers the medication provided, as described by the physician. (Epi-Pen's are not expected to be self-administered, if needed)

Name: _____ Date: _____

Signature: _____ Relationship: _____

Physician Instructions {To be completed and **signed by Physician (MD)**}

Camper Name: _____ Reason for Epi-Pen (Allergic to:)

_____

Medication(s) and Dosage:

1. _____

2. _____

_____ _____

Physician (MD) Signature and Stamp Date