



TOWN OF CARMEL RECREATION & PARKS DEPARTMENT

SYCAMORE PARK, 790 LONG POND ROAD

MAHOPAC, NEW YORK 10541

NINA KALLMEYER, DIRECTOR

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WEB: <http://www.carmelny.org>

## **Medication Packet Directions for Camp Sycamore**

Welcome to Camp Sycamore! Ensuring the safety and well-being of our campers is our top priority. Please follow these directions carefully to complete the medication registration process for your camper. This packet includes:

- **Direction Sheet**
- **Summer Camp Physician's Note**
- **Summer Camp Parent Consent Form for Camper to Self-Administer Medication**
- **Camp Sycamore Medication Administration Supplemental Form**

General Directions:

- **Physician's Note Requirement:** A completed Physician's Note is mandatory for all campers, who need medication during camp. This note confirms your camper's ability to participate in camp activities and, if applicable, to self-administer medication.
- **Physician Directions for Medication Administration:** The physician must use the following language on the note, "Camper can self-administer medication with the assistance and supervision of the camp medical staff members"
  - This is the language that is required by the Putnam County Health Department for your camper to attend.
  - If your camper's physician does not endorse self-administration of medication, you can override this by completing the *Summer Camp Parent Consent Form For Camper to Self-Administer Medication* in addition to the physician note, filled out and signed by your camper's physician.
  - Our medical team will assist the camper in emergencies; however, the camper needs to be able to, or at least know how to, self-administer their medication.
- **Medication Submission Deadline:** All medications, accompanied by all required forms, must be submitted to the Recreation Office by the **Friday before camp starts**. Late submissions will result in the camper being unable to attend until the day **AFTER** the medication is properly submitted.
- **Prescription Documentation:** A copy of the prescription is required by the Putnam County Health Department for each medication. The label on the medication's container is not adequate as the sole documentation. Your camper will not be accepted without this

Completing the Forms:

- **Summer Camp Physician's Note:** Complete all sections, including the camper's name, parent/guardian information, medication details, date, and physician's signature. Ensure the directions for medication administration are clearly stated, "Camper can self-administer medication with the assistance and supervision of the camp medical staff members"
- **Summer Camp Parent Consent Form:** This form is required **ONLY** if the physician does not feel comfortable with the self-administration component of the *Summer Camp Physician Note*. This form

requires the parent/guardian to assess and verify their camper's capability to self-administer medication. Fill in all details and sign to authorize if your camper's physician does not feel comfortable signing off on that the camper can self-administer their medication.

- **Camp Sycamore Medication Administration Supplemental Form:** For each medication, complete a separate form detailing the medication name, dosage, administration route, frequency, and specific instructions.
- **Authorization and Signatures:** Parent/guardian and physician signatures are required on **all forms** where indicated. This authorization is crucial for the safety and health management of your camper during their stay at camp.

Please ensure all forms are completed accurately and submitted by the deadline. The Putnam County Health Department performs regular checks to ensure the proper completion of all forms. If you have any questions or require clarification on any of the directions, do not hesitate to contact the Recreation Office, at 845-628-7888. We look forward to providing a safe, enjoyable, and fun-filled summer for your camper at Camp Sycamore!



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## Summer Camp Physician's Note

<u>Child's Name:</u>		<u>Child's DOB:</u>	
<u>Parent/Guardian Name:</u>		<u>Parent/Guardian Phone Number:</u>	
<u>Name of Medication(s):</u>		<u>Diagnosis of Condition:</u>	
<u>Dosage and Frequency:</u>		<u>Purpose of Medication:</u>	
<u>Directions for Self-Medication/ Child must be able to Self-Administer Medication (please attach instructions):</u>			
<u>Doctor's Name:</u>		<u>Doctor's Signature:</u>	<u>Date:</u>
<u>Doctor's Tel #:</u>		<u>Doctor's Address:</u>	
<u>Doctor's Address:</u>			
<u>Other Comments:</u>			

- **IF Medication is required during camp, ALL Medication(s) and Prescription(s) must be turned into the Recreation Office prior to the START OF CAMP, accompanied by this note.**
- **Child will NOT be permitted to start camp without the Medication(s), Prescription(s), and Physician's Note.**



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## 2024 Summer Camp Parent Consent Form

### For Child to Self-Administer Medication

<u>Child's Name:</u>	<u>Child's DOB:</u>
<u>Parent/Guardian Name:</u>	<u>Parent/Guardian Phone Number:</u>
<u>Name of Medication(s):</u>	<u>Diagnosis of Condition:</u>
<u>Dosage and Frequency:</u>	<u>Purpose of Medication:</u>
<u>Directions for Self-Medication/ Child must be able to Self-Administer Medication (please attach instructions):</u>	
<u>Doctor's Name:</u>	<u>Doctor's Address:</u>
<u>Doctor's Tel #:</u>	

Self-administration of medications will only be allowed for those individuals determined to be "self-directed". Determination as to whether or not a camper should be considered for self-administration should be conducted by the parent prior to sending in this form and **will also be** conducted by the Health Director on the first day of camp. Self-administration will be based on the camper's ability to:

- Identify the correct medication (e.g., color, shape),
- Identify the purpose of the medication (e.g., to improve attention),
- Determine that the correct dosage is being administered (e.g., one pill),
- Identify the time the medication is needed (e.g., lunch time, before/after lunch),
- Describe what will happen if medication is not taken (e.g., unable to pay attention)
- Refuse to take medication if camper has any concerns about its appropriateness

This form is required stating your child is capable of self-administrating the medication listed above.

I \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ have determined my child can self-administer the medication listed on this form based on the above statements. I give authorization for my child to self-administer this medication.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## *Sycamore Summer Camp Medication Administration Supplemental Form*

*To accompany the original doctor's note/prescription*

**Camper Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Medication Details** (*For clarity and safety, please fill out a separate form for each medication.*):

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route of Administration: (Oral, Inhalation, etc.) \_\_\_\_\_

Frequency of Administration: \_\_\_\_\_

Specific Times to Administer: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

**Specific Instructions for administration:**

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_