



TOWN OF CARMEL RECREATION & PARKS DEPARTMENT  
SYCAMORE PARK, 790 LONG POND ROAD  
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## 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: \_\_\_\_\_