

# NorthBay

## Medication Guidelines

- While the student is at NorthBay, all of their prescription and over the counter/non-prescription medication will be secured in the Wellness Center and can be administered by the Wellness Center staff. Before any medication can be administered a NorthBay Medication Authorization Form must be completed and signed by the prescribing physician and by the student's parent/guardian for EACH MEDICATION that is to be given. If the student already has a medication form on file with the school a copy of that form may be sent in lieu of the NorthBay Medication Form as long as it is signed by both the prescribing physician and the parent/guardian. If you are submitting a copy of the school medication form please insure that all the administration times for an entire 24 hours are listed on that form. These forms are due to NorthBay at least 2 weeks prior to the student's arrival.
- All medications that are to be given while at camp MUST be in their original container (box, pill bottle, etc.) They cannot be in a pill organizer, baggie or envelope. Prescription medications (including rescue inhalers) MUST have the pharmacy label attached to the container and it MUST match the signed NorthBay medication form in order for the student to receive the medication. Medications cannot be expired or more than 1 year past the original prescription date. Sample medications from a doctor's office cannot be administered while at camp.
- In the effort to ensure the safety of all students, medications cannot be packed in the student's luggage. All medications (including any self-carry medications) must be given to a designated school staff member prior to leaving the school then delivered to the NorthBay Wellness Center immediately upon arriving at camp. The medications will be secured in the Wellness Center for the duration of the camp and returned to school personnel at the end of the week. The medications will be returned to the parent/guardian after returning back to the school at the end of camp. The student cannot keep any medication (other than self-carry medications) in his/her cabin or give medication to his or herself. All medications that the student wishes to self-carry will be redistributed to the students after they arrive at camp and after approval is obtained by the NorthBay RN.
- **Self-Carry Medications:** The following are the only medications that can be carried by the student while at camp with permission of the NorthBay RN: rescue inhalers (Albuterol, ProAir, Ventolin, Zopenex), Epi-Pens and insulin used while in insulin pumps. These medications must be in the control of the student, educator or counselor/chaperone at all times while at camp and be self-administered with an adult's supervision. If you would like the student to self-carry any of the above medications please send two of each medication so one can be kept in the Wellness Center for quick access during any emergency.
- **Over-the-counter medications:** The following over-the-counter (OTC) medications can be given as needed by the Wellness Center staff while the student is at camp: Acetaminophen (Tylenol), Ibuprofen (Motrin, Advil), Calamine Lotion, Diphenhydramine (Benadryl), Triple Antibiotic Ointment (for minor cuts/scrapes), & Loratadine (Claritin). Before the student can receive any of these medications the parent/guardian must check the boxes beside the medications that the student is allowed to receive then sign the Parent/Guardian Consent that is on the back of the North Bay Health Form. These are the only OTC medications that the student can receive with just the parent/guardian's consent. If your student requires any medication on a regular basis that is not listed above (i.e. cold medication, cough medication) you must complete a NorthBay Medication Form (signed by a physician) and supply the medication/s while the student is at camp.
- Please call the staff at the Wellness Center if you have any questions – (443) 674-9035



## **NORTHBAY ADVENTURE CAMP** **MEDICATION AUTHORIZATION FORM**

This form **MUST BE COMPLETED FULLY** in order for NorthBay Adventure Camp to administer the required medication/s. List all medications to be taken while at camp on the form below with all the required information about each one. A new Medication Authorization Form must be completed each time there is a change in dosage or time of administration of a medication. If the student is bringing more than 4 medications use another copy of this form for the remaining medications.

- **Prescription medication** MUST be in a container labeled by the pharmacy or physician with the student's name, dosage and expiration date. At least one dose of prescription medication must be given at home prior to the student's arrival at camp.
  - Per Maryland regulation, sample medications cannot be administered to the camper.
- **Non-prescription medication** - Per Maryland regulation, NorthBay medical staff is only allowed to give a single dose of a non-prescription medication that is not listed on the NorthBay student health form. If more than a single dose is required this form must be completed for those medications. This includes vitamins, homeopathic and herbal medications and cough/cold medications. All non-prescription medication MUST be in the original manufacturer's container labeled with the dosage instructions and the expiration date.

School/Group Name: \_\_\_\_\_ Dates at camp: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				
Medication Name:	Strength	Dosage (per dose)	Route:	Reason medication is being administered:
Time/frequency of administration: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____				
If PRN: every _____ hrs For what symptoms: _____				
Relevant side effects: <input type="checkbox"/> none expected <input type="checkbox"/> Specify _____				

### **PRESCRIBER AUTHORIZATION**

<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	<b>PRESCRIBER SIGNATURE:</b> _____	<b>Date:</b> _____
	<b>Prescribers Printed Name/Title:</b> _____	<b>Telephone:</b> _____ <b>Fax:</b> _____

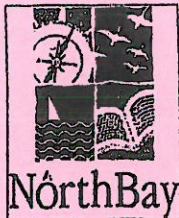
### **PARENT/GUARDIAN AUTHORIZATION**

I request that designated camp personnel administer the medication above as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication while at camp. I authorize the camp medical staff to communicate with the health care provider as allowed by state and federal law.

<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	<b>PARENT/GUARDIAN SIGNATURE:</b> _____	<b>Date:</b> _____
	<b>Home Phone:</b> _____ <b>Cell Phone:</b> _____ <b>Work Phone:</b> _____	

**Signature of Camp RN:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# HEALTH INFORMATION FORM

To be completed by Parent or Guardian

NorthBay wants the camp experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information including medical history, insurance information, permission to give selected over the counter medications, and custodial parent signatures.

SCHOOL NAME: \_\_\_\_\_ DATES AT CAMP: \_\_\_\_\_

Please print all information and ensure that it can be read by others

CAMPER INFORMATION				
Last Name:		First Name:		M.I.
Date of Birth:		Grade:		
Gender (circle one) Male / Female	Home Street Address:  City, State, Zip:		Home Phone:	
Parent/Guardian Name Printed:		Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Relationship to Camper:			Cell Phone:	
Email address:			Work Phone:	
Parent/Guardian Name Printed:		Will you be coming as a chaperone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone:	
Relationship to Camper:			Cell Phone:	
Email address:			Work Phone:	
List an Emergency Contact Printed: (friend or relative who can/will care for your child if you cannot be contacted)			Home Phone:	
Relationship to Camper:			Cell Phone:	
			Work Phone:	
Medical Insurance Information: (to be used if students seeks medical care outside NorthBay Adventure Camp) <input type="checkbox"/> Not Insured				
Company: _____ Policy Number: _____				
HEALTH HISTORY				
Camper's Primary Care Physician:		Office Telephone Number:		
		Office Fax Number:		
Health History (check if applicable & explain)		Allergies (check if applicable & explain)		
<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes (a NorthBay diabetic order form must be completed) <input type="checkbox"/> Heart Condition _____ <input type="checkbox"/> Bleeding/Clotting disorder _____ <input type="checkbox"/> Seizures Type: _____ <input type="checkbox"/> ADHD <input type="checkbox"/> ADD <input type="checkbox"/> Psychological issues _____ <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Anger Management <input type="checkbox"/> Mood disorder <input type="checkbox"/> Autism <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Recent illness/injury/infectious disease _____ <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Recent Hospitalizations or Major Surgery <input type="checkbox"/> Other not listed _____ <input type="checkbox"/> Date of Last Tetanus Shot: _____ <input type="checkbox"/> Takes medication every day (A medication form/s needs to be completed for all medications to be taken while at camp)		<input type="checkbox"/> Allergy to Medications _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Severe Poison Ivy reaction <input type="checkbox"/> Other: Please lists _____ _____		
		Diet / Nutrition		
		<input type="checkbox"/> Eats a regular diet <input type="checkbox"/> Eats a vegetarian diet <input type="checkbox"/> Has special food needs (describe below) _____ _____		
Does the camper need his/her physical activity restricted <input type="checkbox"/> No <input type="checkbox"/> Yes – explain _____				
Please provide any additional information that we need to know to ensure your child's camp experience is a positive one:				





NorthBay

## PARENT / GUARDIAN CONSENT AND LIABILITY RELEASE FORM

*At NorthBay, health, safety and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment and purposeful sound programming. The children's safety and well-being is everyone's concern. As a policy of NorthBay we require that a Release of Liability Form be signed as a requirement to attend camp.*

I am the parent or legal guardian of \_\_\_\_\_ (the "Camper") from (school name) \_\_\_\_\_ who wants to attend camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). I agree to sign this *Consent and Liability Release Form* so my child can attend camp. I promise the information given on this Health Form is complete and accurate as far as I, the undersigned parent or guardian, know. It is true that the Camper has had all immunizations required by the Maryland DHMH Recommended Childhood Immunization Schedule and that the school has these records.

**LIABILITY RELEASE** - I understand that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature activities, and the ropes course, involve certain risks, including the risk of serious injury. I give my permission for the Camper to participate in all of the activities while at NorthBay and agree on behalf of the Camper that I and the Camper assume all risks. I understand that certain camp activities may include traveling in NorthBay owned and operated passenger vehicles. I also agree both for myself and on behalf of the Camper to release NorthBay, its employees, agents, and related entities from and against any and all claims, injuries, and liabilities of any kind that happen while the Camper attends camp, doing any activity connected in any way to the NorthBay program, or caused by any inappropriate behavior on the part of the camper. However, NorthBay will be responsible for claims caused by the gross negligence or intentional misconduct of NorthBay.

**HEALTH CONSENT** - I have legal authority to consent to medical treatment for the Camper and grant permission for the Camper to engage in all camp activities except as noted. If I cannot be reached while my child is at camp, I give permission to the medical personnel selected by NorthBay to provide routine health care or emergency treatment and to release any records necessary for treatment, billing, referral or insurance purposes. I understand that NorthBay personnel will notify me immediately of any illness or injury that requires significant medical attention or hospitalization or that significantly diminishes the Camper's ability to have a successful camp experience. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to treat him/her for any injury/illness. I understand medical information about my child is confidential and protected under state and federal law. I give permission for the Camp medical personnel to discuss my child's medical information with his/her health care provider if my child is ill, injured, have any medical or psychological concerns, or take medications. I give permission for the camp medical personnel to share information about my child with his Camp teachers, counselors, and dining when necessary to protect his/her health and safety. I give permission to the Camp to administer any prescription or non-prescription medications that the student brings to camp with them in accordance with Maryland law. I understand that I am responsible for any medical expense occurred while at camp for emergency transport, hospital treatment or medications needed while at camp. I understand that the Camp is not responsible to submit any insurance or prescription claims to my insurance provider.

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS** - In the event your child experiences minor discomforts during camp, we would like the opportunity to make your child as comfortable as possible. Therefore, below is a list of over-the-counter medications that can be administered by NorthBay personnel with your authorization. These medications are approved by the NorthBay Medical Director using the recommended doses from the manufacturers. This service is provided to alleviate your child's minor discomforts and avoid being sent home early from camp. The below approved medications are intended for occasional use only. If your child requires any medication on a regular basis, you must have a medication authorization form completed by your health care provider and supply the medications. I consent to the administration of the below indicated over-the-counter medications to my child while at NorthBay (check all that apply). If they are NOT checked they WILL NOT be given to the Camper.

- |   |  |
|---|--|
| <input type="checkbox"/> Acetaminophen (generic for Tylenol)                          | <input type="checkbox"/> Antibiotic Cream (for minor cuts/scrapes) |
| <input type="checkbox"/> Ibuprofen (generic for Advil and Motrin)                     | <input type="checkbox"/> Loratadine (generic for Claritin)         |
| <input type="checkbox"/> Calamine Lotion (for itching)                                | <input type="checkbox"/> Diphenhydramine (generic for Benadryl)    |
| <input type="checkbox"/> Hydrocortisone Cream (for itching)                           |  |
| <input type="checkbox"/> I do not want over-the-counter medications given to my child |  |

**PUBLICITY RELEASE** - I give permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without payment or approval rights. For use in materials created for promoting NorthBay. The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree on behalf of the Camper and myself that any lawsuit brought against NorthBay shall be brought solely in the Circuit Court for Cecil County, Maryland and, in connection with any such lawsuit, I agree on behalf of myself and the Camper that the trial will be conducted and determined by the Judge assigned to such trial, and voluntarily waive any right the Camper or I may have to a jury trial.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

