**Medications Form**

This form needs to be filled out (by a parent/guardian) for participants who will need to take ANY medication while at River’s Way. We discourage the use of “over the counter (OTC)” medications; however we recognize that this may be necessary in some cases. Please understand that River’s Way that first aid kits contain general OTC medications such as pain relievers, allergy relievers, etc. so general aches and pains can be dealt with by trained River’s Way staff. **All medications must be registered and turned in to River’s Way staff immediately upon arrival. Medications must be in their original pharmacy container with the original label that states the prescription information. We cannot, by law, distribute medications that are not in their original containers with original labels. Also, we cannot distribute medications to a person or in a manner other than prescribed.** All medications are kept in a locked medication box. Medications will only be used under the direct supervision of River’s Way staff and will be returned to parents/guardians at the end of the program. Thank you for your cooperation!

Participant’s Name:

Parent/Guardian Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Medication** | **Purpose** | **Amount Brought** | **Dosage** | **Frequency** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

**By signing below, you are indicating that you have read and filled out the above information to the best of your knowledge and that you are completely knowledgeable about the camper’s medical needs. Also, you are indicating your consent to River’s Way staff administering the above listed medications.**

**Parent/Guardian Signature:** **Date:** / /