



**SHAKER  
VILLAGE**  
— of Pleasant Hill —

# Explorer Camp: Medication Administration

Name of Camper \_\_\_\_\_

Week(s) Attending \_\_\_\_\_

*Campers self-administer all medications under the supervision of the camp staff.  
All Epipens, inhalers, diabetic instruments, over-the-counter and prescription medications to be  
utilized during day camp hours should be included on this list.*

Name of Medication	Dosage	Frequency/Times	Parent's Initials

***Parent and Physician signatures required.***

I request that my child, \_\_\_\_\_, receive the medication(s) listed above while at Shaker Village of Pleasant Hill.

*Signature of Parent / Guardian* \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Signature of Physician* \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

***Refusal of Medication Administration***

I am the parent/guardian of \_\_\_\_\_. I understand that the following medication(s) appear on his/her health form: \_\_\_\_\_.

It is my desire that the above-listed medication(s) be held from administration during camp. I take full responsibility for this action and do not hold Shaker Village of Pleasant Hill responsible for not administering the medication(s).

*Signature of Parent/Guardian* \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_