

Wolfe's Neck Farm

Self-Administration of Non-Emergency Medication Form

Parent(s)/Guardian(s) Please:

1. Review and complete entire form on behalf of your child. We cannot and will not accept any non-emergency medications for your child without this form.
2. Return the completed form at least 21 days prior to your camper's first day of camp.
3. Carefully follow the instructions regarding the packaging and labeling for non-emergency medications at camp.

Medication must meet the following criteria:

1. Prescription medication must be in a **container labeled by the prescriber or pharmacist**.
2. **An adult must bring the medication to camp** and the medication will be returned only to this or another designated adult.
3. The original container must **contain only the amount of medication required while at camp**. The camper must be able to administer the medication to themselves under the supervision of the Youth and Family Programs Manager.

For _____ Date of Birth _____
Name of Individual

_____ Phone Number _____
Parent/Guardian Name

I request that the above named child take the following medication during program hours and hereby certify that the child has been instructed on and is fully capable of self-administering the medication in accordance with the medication criteria stated above:

Name of medication: _____ Type (tablet, capsule, liquid): _____

Dosage per prescription: _____ Day(s) to be taken: M T W T F

Time(s) to be taken: _____

Additional Instructions (if needed): _____

I authorize _____ to self-administer the above identified non-emergency medication,
Name of Individual

under the guidance of appropriately trained and certified Wolfe's Neck Farm staff, following the instructions as the original prescription indicates and understand that Wolfe's Neck Farm Foundation and its employees are not liable for any expected or unexpected outcomes of this self-administration of non-emergency medication. Furthermore, I pledge to work with Wolfe's Neck Farm staff to deliver important information regarding the administration of the above identified non-emergency medication. I also understand that my child will adhere to the above stipulations put in place by Wolfe's Neck Farm in accordance with Maine State Law.

Parent or Guardian signature

Date