



## SMUD Museum of Science and Curiosity: Medication Policy

If your child requires medication during the camp day, staff may be able to administer it as directed. This policy is subject to approval by MOSAC. If you did not list the medication in your registration, please email us at [camps@visitmosac.org](mailto:camps@visitmosac.org) before your camp week begins.

- This completed medication release form, signed by a parent or guardian must be submitted with the medication, or emailed before the start of camp.
- On the first day of camp, you will be asked to review the requirements of the medication with staff. Do not leave the medication with your child.
- Please package the medication in a ziplock-type bag labeled with the child's name and indicate if the medication will stay at camp for the week, or if it will be sent home each night and brought back each morning. In the bag:
  - Prescription medication must be in its original container, labeled with the child's name and instructions.
- All medication will remain inside the facility, under the control of MOSAC staff. Epipens and inhalers will remain with the Camp Instructor of your child's group.

Child's Name(Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Medication Name:

\_\_\_\_\_

Dosage: \_\_\_\_\_

Instructions for Administration (including timing):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant side effects: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_.

Please be advised that camp staff are not trained medical professionals. They will be relying upon the child as well as provided parent instructions to recognize the development of symptoms and to self-administer most medications.

In your opinion, does the child know the following? Nature of his/her condition YES NO

How to self-administer required medication YES NO

When to self-administer required medication YES NO

Do you recommend that the child be allowed to self-carry the prescribed medication? YES /NO

Prescriber Name/Title: \_\_\_\_\_

Phone:

\_\_\_\_\_

Address:

\_\_\_\_\_

Other Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian (Print name) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_