

The Village of Pleasantville Recreation & Parks Department
Camp Medication Permission Forms

Dear Parent/Guardian,

PLEASE NOTE

**ALL MEDICATION AND FORMS MUST BE GIVEN TO THE RECREATION DEPARTMENT
BEFORE THE FIRST DAY OF CAMP**

- Any child/staff member needing to take/have medication during the camp day must submit Permission for Medication form.
- Please use the Village of Pleasantville medical forms. School forms are not valid. You and your child's prescribing doctor must sign these forms.
- There are two forms - one for Any Medication/Inhaler and an additional form for Epi Pen consent. Permission needed for OTC medications that are prescribed by physician (e.g. Benadryl). Please fill out the appropriate form.
- Please remember that all medication must be current and in its **original package or prescription bottle**.
- **Please be sure to bring all medications and completed forms before the first day your child attends. Forms and medication are to be dropped off at the Recreation Department. Children will not be able to participate without appropriate form on file. If needed, the Recreation Office can withdraw campers from groups without medical forms.**
- All medicine should be brought in Ziploc bag in its original container, with child's name and picture. If your child is to carry his/her own medication, please make sure it is clearly labeled and easily accessible.
- Medication should be picked up on the child's last day. All medications can be picked up at the Recreation Department once the program is over. All medicines not picked up will be discarded one month after program ends.

Thank you. We look forward to a safe and healthy Summer!

Sincerely,

Mike Newman
Recreation Superintendent

Village of Pleasantville Recreation Department
PERMISSION FOR ALL MEDICATION/INHALER

NAME OF CHILD _____ DATE OF BIRTH _____

Full address _____

Mother's Name _____ Day Time # _____ Cell _____

Father's Name _____ Day Time # _____ Cell _____

MEDICAL INFORMATION

Physician Name _____ Physicians Phone _____

Health Insurance Carrier _____ Policy Number _____

| MEDICATION | DOSAGE | WHEN TO ADMINISTER |
|------------|--------|--------------------|
| | | |
| | | |
| | | |

All medication must be in original container with original prescription label and have current date of expiration.

Any Additional Information: _____

_____ I request that my child's prescription medication be securely stored in the camp office under the supervision of the camp staff. I certify that my child has been instructed and is capable of proper self-administration of the medication.

_____ I request that my child be permitted to carry his/her prescribed medication at camp. I certify that my child has been instructed and is capable of proper self administration of the medication. My child has been instructed not to take the medication without medical designee present. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other campers, he/she will be taken to the camp office immediately and a call to the parent/guardian will be placed. I understand that the Village of Pleasantville Recreation Department is not responsible for lost, stolen or improperly discharged medication.

I give permission to onsite personnel to seek emergency treatment at a hospital emergency room.

Non-Discrimination Statement on the Basis of Disability

The Village of Pleasantville Day Camp will not discriminate against any individual on the basis of disability with regard to the full and equal enjoyment of the goods and services of Day Camp. The Village of Pleasantville will make reasonable modifications to its policies, practices, or procedures when necessary to afford its goods and services to individuals with disabilities, including campers with allergies and who may require the administration of medications, unless the Village of Pleasantville can demonstrate that making the modifications would fundamentally alter the nature of its services or not otherwise be feasible.

The Village of Pleasantville will take such steps as may be necessary to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services, unless the Village of Pleasantville can demonstrate that taking such steps would fundamentally alter the nature of the good, service, facility, privilege, advantage, or accommodation being offered.

A parent or guardian can contact Michael Newman, Superintendent of Recreation & Parks at 914-769-7950 or recreationsuperintendent@pleasantville-ny.gov in the event their child has a disability that may require accommodation.

Signature of Parent/ Guardian

Printed Name of Parent/Guardian

Date

Signature of Child's Physician

Printed Name of Child's Physician

Date

EPIPEN ADMINISTRATION CONSENT FORM

To be completed by parent or legal guardian and placed in zip lock bag with EpiPens:

Child's Name (as it appears on the EpiPen): _____

Child's Age/Grade: _____ Parent/Guardian Emergency Cell/Phone: _____

My Child is Allergic To: _____

I hereby authorize the trained Pleasantville Day Camp staff to administer an EpiPen to my child if he or she has known exposure and/or a severe allergic reaction to a specified allergen. The undersigned hereby releases the Village of Pleasantville, its Board of Trustees, Employees and Volunteers there of any liability whatsoever in connection with any damages and/or injuries that the above named may sustain as a result of his/her participation in the camp programs sponsored by the Village of Pleasantville Recreation and Parks Department. I understand that 911 will always be called when an EpiPen is administered to my child.

The following EpiPen has been prescribed. Check as appropriate:

_____ Epi Pen (the premeasured dose is 0. 2mg.of Epinephrine)

_____ Epi Pen Jr. (the premeasured dose is 0.15mg of Epinephrine)

_____ My child has received adequate training on how and when to use and EpiPen and can use it properly in case of emergency. He or she will carry EpiPens **at all times**.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date

Printed Name of Child's Physician

Physician's Signature

Date

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