

W.E.U. SUMMER CAMPS - Since 1982

Your adventure begins with our experience.

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IMPORTANT NOTICE

To: Parents of Campers requiring the administration of Medications during W.E.U. Summer Camp. Form must be filled out for both prescription and non prescription medications.

The Health Department regulations require both Parental Authorization & Physicians Authorization for the Administration of any Medication.

In order to meet the needs of your child, we will need the following signed permission document on file with your current Medical Form.

Date: _____ **Camper's Name:** _____

Medication to be administered: _____

It is very important that you send the medication in its original prescription bottle. Please send just enough medication for your child's stay in camp.

Time: _____ **Dosage:** _____

Reason: _____

Possible Side Effects: _____

Physicians Signature: _____

Until termination by me in writing, you or anyone you authorize, are hereby authorized to administer the above named medication to the above named child.

I understand that the medication will only be given under the following conditions:

1. It is necessary for the medication to be given during camp hours.
2. The medication is in a container labeled with the Physician's name, the name of the medication, the Prescription number, and the directions for its use.
3. The medication will be given according to written directions only.
4. In consideration of your administering this medication to my child as prescribed, I hereby release you, or anyone you authorize to administer the medication, Wilderness Experiences Unlimited, Inc. from any liability whatsoever arising out of the act of administering this medication.

Parent's Signature: _____ **Date:** _____