If at all possible, alternative plans should be made to avoid the administration of medication at camp. If you have discussed alternatives with your physician and find that medication during camp is necessary, the following procedures will be observed at Annmarie:

EMERGENCY MEDICATION AUTHORIZATION & CARE PLAN

In the event that your child should require the use of emergency medication (epi-pen, inhaler, etc.) while attending an Annmarie camp, the following documents MUST be properly completed and provided PRIOR to the first day of camp:

- MEDICATION ADMINISTRATION AUTHORIZATION FORM with physician signature for each medication.
- A COMPLETED CARE PLAN must accompany each medication addressing your child’s particular need – food allergy, asthma, diabetes, etc. For your convenience, examples of common CARE PLANS are included with this packet.

** BOTH FORMS listed above MUST be completed and signed by physician PRIOR to your child’s first day of camp **

SPECIAL NOTE: By completing the above forms and signing the attached liability release, parent/guardian gives full and unqualified permission for Annmarie staff or agents to administer the emergency medication. Further, parent/guardian understands that there is no nurse or doctor on duty at Annmarie and the Annmarie staff will call 911 and seek medical assistance in the event of an emergency.

OTHER PHYSICIAN PRESCRIBED MEDICATIONS  (excluding emergency medication – see above section)

**Campers under the age of 12--** are not permitted to self-administer medication. Camp staff will not accept or administer medication for any camper under the age of 12, aside from emergency medication (see above). Parent/Guardian will need to make arrangements to personally administer medication to their child during camp.

**Campers ages 12 & up--** must be able to understand dosage and self-administer medication. Camp Staff may assist in storing, retrieving, and returning medication to storage area. Medication must be ordered by a physician and be in original container, with original label and prescription information; placed in a zip lock baggie with campers name written in permanent black marker on baggie. Parent/guardian must also complete and return the MEDICATION ADMINISTRATION AUTHORIZATION FORM (with physician signature) on or before the first day of camp. A copy of this form is included in packet. When not being used, all medication will be stored in a secure unrefrigerated cabinet in the Studio School building; when campers leave the building, any necessary medications will be carried by Camp Staff in a Backpack. Medications that require refrigeration cannot be accommodated.

CHECK LIST for camper that requires emergency medication . . .

You and your physician MUST complete the following forms PRIOR to first day of camp:

- MEDICATION ADMINISTRATION AUTHORIZATION FORM for each medication.
- A CARE PLAN must accompany each medication form.

QUESTIONS? Please contact Stacey Hann-Ruff, Executive Director, 410-326-4640 or director@annmariegarden.org

For campers age 12 & older

Campers ages 12 & up can self-administer medication as long as physician has completed MEDICATION ADMINISTRATION AUTHORIZATION FORM & the CARE PLAN. The forms must clearly approve medication for self-administering. Campers who arrive at camp without the proper forms will not be allowed to remain.

Any unauthorized medications found on a camper will be confiscated; parents will be notified immediately. Confiscated medications will be sent to the office where parents will be required to collect it.
EACH medication requires this form to be completed and signed by physician. Each medication must be accompanied by a care plan. Sample care plans are attached, or you may use your own.

### MEDICATION ADMINISTRATION AUTHORIZATION FORM

| Department of Health & Mental Hygiene (DHMH) |
| Center for Healthy Homes and Community Services (CHHCS) |
| 6 St. Paul Street, Suite 1301 |
| Baltimore, Maryland 21202-1608 |
| (410) 767-8417 FAX (410) 333-8926 |
| Toll Free 1-877-4MD-DHMH ext. 8417 |

### I. CAMP OPERATOR

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

### II. CAMP INFORMATION

| YOUTH CAMP NAME |
| PHYSICAL ADDRESS |
| CITY | STATE | ZIPCODE |

### III. PRESCRIBER’S AUTHORIZATION

| CHILD’S NAME | DATE OF BIRTH |
| CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED: |
| MEDICATION NAME | DOSE | ROUTE |
| TIME/FREQUENCY OF ADMINISTRATION | IF PRN, FREQUENCY |
| IF PRN, FOR WHAT SYMPTOMS |
| KNOWN SIDE EFFECTS SPECIFIC TO CHILD |
| MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR) | FROM | TO |
| PRESCRIBER’S NAME/TITLE | This space may be used for the Prescriber’s Address Stamp |
| TELEPHONE | FAX |
| ADDRESS |
| CITY | STATE | ZIPCODE |

### IV. PARENT/GUARDIAN AUTHORIZATION

I request authorized youth camp operator/staff to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I confirm that, if the medication above is a prescription medication, the child has at some point taken the medication prior to attending camp.

| PARENT/GUARDIAN SIGNATURE | DATE |

### V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY

I consent that the child named above is able to self-administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.

| PRESCRIBER’S SIGNATURE | SELF CARRY EMERGENCY MEDICATION (Check One) |
| PARENT/GUARDIAN’S SIGNATURE | SELF CARRY EMERGENCY MEDICATION (Check One) |
This is a two-page SAMPLE care plan for food allergy.
You may use your own care form, but it must be completed and signed by physician.
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS
1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outter thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.

AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS
1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outter thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.

ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS
1. Remove the outer case.
2. Remove grey caps labeled “1” and “2”.
3. Place red rounded tip against mid-outter thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

<table>
<thead>
<tr>
<th>EMERGENCY CONTACTS — CALL 911</th>
<th>OTHER EMERGENCY CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESCUE SQUAD:</td>
<td>NAME/RELATIONSHIP:</td>
</tr>
<tr>
<td>DOCTOR:</td>
<td>PHONE:</td>
</tr>
<tr>
<td>PARENT/GUARDIAN:</td>
<td>NAME/RELATIONSHIP:</td>
</tr>
<tr>
<td></td>
<td>PHONE:</td>
</tr>
</tbody>
</table>

PARENT/GUARDIAN AUTHORIZATION SIGNATURE  
DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG)  5/2014
This is a SAMPLE asthma care plan. You may use your own care form, but it must be completed and signed by physician.
This is a SAMPLE diabetes care plan.
You may use your own form, but it must be completed and signed by physician.

Safe Diabetes Care Guide

Today's Date: ____________________
Parent(s) Name(s): ____________________
Child(ren)'s Name(s): ____________________
Parent(s) Cell Phone Number: ____________________
Camp site: ____________________
Cross-streets to tell 911 operator: across from Solomons Nursing center
Camp main phone number: 410-326-4640
Location of where parent(s) will be: ____________________
Phone number of location where parent(s) will be: ____________________

Times to check blood glucose (BG): ____________________
Target Range: ____________________

High BG reading: ____________________
Signs of a high BG: ____________________
What to do when BG is high: ____________________

Low BG reading: ____________________
Signs of a low BG: ____________________
What to do when BG is low:
(Note to parent(s): list fast-acting carbs i.e., juice, gel, glucose tabs and how much to give.)

Severely Low BG reading: ____________________
Signs of a severely low BG: ____________________
What to do when child is unresponsive: ____________________

Location of glucagon and when to administer: ____________________
When to call 911: ____________________

Insulin Instructions. Indicate when to take insulin and how much.
_________________________________________________

Meal/Snack Times: ____________________
Food to be served: ____________________
Alternative Foods (if child refuses to eat): ____________________

High Alert Situations - ALWAYS CALL PARENT(S) IF ANY OF THE FOLLOWING OCCURS
- Child had a severe low blood glucose
- Child took insulin but refuses to eat
- Child starts to vomit
- Other situations: ____________________

Reminders:
- Watch for signs of low BG while playing/being active
- If you leave the house, take blood glucose checking supplies, insulin (if necessary) and snacks with you
- Always call parent(s) with any questions

diabetes.org/families
2145-30 • Updated 10/26/12