

Shekinah Ranch Camp Medication Administration Policies & Authorization

Dear Camp Families,

It is of the utmost importance to us at Shekinah Ranch to keep our campers and staff safe. One way we can do this is by ensuring we are keeping in line with Pennsylvania laws and statutes. The below Medication Administration Policies have been written based off Pennsylvania Guidelines and Camp Administrations, for Summer Camps without a Nurse or Physician on Site. Shekinah Ranch Camp is equipped with a **Health Advisor**- A person who is at least 18 years of age, Medication Administration trained (has been trained in the administration of medications) and is current in First Aid and CPR, authorized to supervise camper self-administration of prescription medications.

Medication Administration Forms to be completed BEFORE first day of Camp:

1. Medication Administration Policies & Authorization (to be signed by Guardian AND Camper)
2. Medication Administration Record (to be completed/signed by Guardian AND Camper)

Medication Administration from Shekinah Ranch Camp Health Advisors:

- May not administer medications
- May witness camper self-administration
- Includes prescription and over-the-counter (OTC) medication
- Both prescribed and OTC medications require written order from a health care provider
(*See Medication Administration Record document*)

Camper Medication Self-Administration:

- Campers may “self-administer” scheduled medications which are approved & signed-off by a licensed health care provider AND the camper’s legal guardian.
 - Camper must be able to identify: Correct medication (color, shape...), Purpose for taking medication, Dosage, Time to be taken, Understand consequences if not taken.
 - Camper can refuse to take medication—Shekinah Ranch Camp is not LEGALLY held responsible nor authorized to remind campers of medication times or to force a camper to take said medication.
- Camp Staff should not remove a medication from its container because it is considered to be “administering the medication.”
- Camper AND guardian must sign-off on the Medication Administration Policies & Authorization.
- Camper is responsible for returning medication to storage, with the supervision of a Camp Health Advisor.
- The Camp Health Advisor will document the self-administration (i.e. camper's name, medication, amount taken, witness, date, time and dosage)

Only medications prescribed by a physician or OTC medication signed off by a physician are allowed at Shekinah Ranch Camp. In order to bring an Epi-pen, inhaler, or other medication to camp, a parent/guardian must submit a completed Medication Administration Record at least 7 business days prior to the first day of camp.

Approved medications must:

- Be in the original prescription container
- Have a current date (not expired)
- Be placed in a Ziploc bag, clearly marked with the child's first and last name
- Be checked in with Camp Staff, upon arrival on the first day of camp
- Be signed in/out by Camper each day ****Camp staff are not medical professionals and are not authorized to administer medication. (Camp staff are First Aid/CPR Certified.)**

**** Camp staff are trained in administering epi-pens and may assist with administration in an emergency.**

- All unused medication will be destroyed if not picked up within one week following the camper's departure from camp.
- Campers are not allowed to have any medications (prescription or OTC) in their cabin.
- Camper will be responsible for carrying any emergency medications (Epi-pen or inhaler) on their person, at all times. All other medications will be stored in a locked cabinet.
- The Health Advisor **is not** available 24/7 for routine medication distribution. There will be normal dosing times that are just prior to meals and before bed.
- If dosing requirements mandate something other than the routine frequency, please contact the Camp Office to find out if that schedule can be accommodated:

Shekinah Ranch Camp Office: **(724) 483-4343**

Medical Release and Authorization (To be signed by Camper's Primary Guardian AND Camper):

Medication must be in the original container with the original label attached and labeled with the camper's name. Primary Guardian AND Physician/Authorized Prescriber shall provide written instructions to Shekinah Ranch Camp staff via the Medication Administration Record, concerning administration of medication. Written instructions will be valid for 9 months unless a shorter period is designated by the parent/guardian, physician/authorized prescriber. The parent/guardian is responsible for submitting a new form each time there is a change in medication, dosage, or time the medication is to be administered. Shekinah Ranch Camp is not responsible for any unauthorized medication taken independently by the child. The first dose of a medication should be taken at home, whenever possible.

Waiver and Release: I understand that I am required to cooperate with Shekinah Ranch Camp, with regard to the self-administration of my child's medication. I understand that some medications cannot be administered by Shekinah Ranch Camp, and if my child requires such a medication, it is my responsibility to make arrangements for my child's medication. I hereby acknowledge that Shekinah Ranch Camp personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my/our child to participate in recreation programs sponsored by Shekinah Ranch Camp, I hereby for myself, my child, and our executors, administrators and assignees, assume all risks and hold Shekinah Ranch Camp, its agents, members of the board of trustees, employees, representatives, all sponsors, affiliates, parties permitting use of property for the Programs, coordinating groups, volunteers, and any individuals associated with the Programs harmless from any and all liability, causes of action, debts, claims, damages, or demands of any nature whatsoever which may arise in connection with my participation in activities related to the Programs.

Parent and/or Guardian authorize Shekinah Ranch Camp and its staff to administer emergency medication (epinephrine, inhaler or the like) as well as trained First-Aid and CPR procedures. This waiver and release expressly includes any claims arising from or relating to the administration of medication by Shekinah Ranch Camp personnel. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

I have read the above and agree to abide by the requirements.

Primary Guardian Name (PRINT): _____

Primary Guardian Signature: _____

Date: _____

Self-Administering Camper Name (PRINT): _____

Self-Administering Camper Signature: _____

Date: _____