



Astro Camp - Health and Medication Policy

Health Policy

Children who are unable to participate in the day's activities should not be in attendance. This is a hardship on families, but is necessary for the health and safety of staff and all campers. If a camper is sent home from Astro Camp due to illness, instructions will be given to the parents regarding return.

Health and Care Guidelines

1. Children who appear ill on arrival to any camp session including rash, vomiting, diarrhea, fever, red eyes with mucous discharge, or who may be experiencing signs of a communicable ailment, cannot be admitted to the program without written clearance from a physician stating that the child is cleared to participate and is not contagious.
2. Children who become ill during the course of the day with any of the above symptoms, or other serious indicators of illness, must be checked out of camp by a parent at the earliest feasible time, but no later than two (2) hours after a parent has been notified. Failure to do so will result in disenrollment from the program.
3. The Astro Camp staff may transport the camper to the nearest medical clinic if immediate treatment is required.

An "Astro Camp Medical Release and Consent Form" must be completed, signed by a parent or guardian and submitted at registration to authorize Astro Camp staff to transport a child to a medical clinic.
4. All parents will be notified if the Astro Camp staff becomes aware that a camper has exposed others to a communicable disease.
5. Children with special needs will be accommodated whenever possible. Before registering a child, parents should consult with the Astro camp staff if a special need exists. A statement from a physician must be submitted specifying the special needs of the child.



If at all possible, parents should adjust medication schedules so that the Astro Camp staff are not responsible for administering medications during camp. If no other alternative exists, the decision to administer medication will be on a case by case basis. This decision will depend on the following conditions:

- Only topical, oral, or inhaler medications will be routinely administered.
- Emergency or “rescue” medications (such as epipens or asthma inhalers) will be kept in the same location as a camper, but will only be utilized in the event of a medical crisis. Parents will be notified as soon as possible after such medication is administered.

Medication Administering Process

Prescription medicines and over-the-counter topical medications may be administered by the Astro Camp Staff if these conditions are met:

1. Medication must be in original bottle/container. Containers for oral medications must have child-resistant packaging.
2. Child’s first and last name; date prescription filled and expiration date; name of health care provider; instructions for administration (dosage, frequency) and storage; name and strength of medication must appear on the bottle/container of all prescription medications.

An “Astro Camp Medication Authorization Form” must be completed and signed by a parent or guardian and submitted at registration before any medications can be administered. Staff will log all medications given on the medication form.

Attachments:

Astro Camp Medical Release and Consent Form

Astro Camp Medication Form



Astro Camp Medical Release and Consent Form

Child's Name: _____

Parent's Name (same listed on registration): _____

Medical Release

In the event of a medical emergency, I hereby authorize Astro Camp medical personnel designee to treat my child, who may be transported to the nearest medical facility, including a Medical Clinic. I also hereby confirm that I have read and will comply with the "Camper Health and Medication Policy."

Please complete the Medication Authorization Form if medication is required.

Parent / Guardian Name: _____

Parent / Guardian Signature _____

Phone: (____) _____ Alternate Phone: (____) _____

Date _____

Alternate Emergency Contact:

Name: _____ Phone: (____) _____

Relationship to child: _____

Name: _____ Phone: (____) _____

Relationship to child: _____

Health Information

In order to ensure your child's educational needs are met, please provide us with any information that would help us accommodate your child. (For instance, Astro Camp involves group and individual activities that may result in loud unexpected noise that could over stimulate some children.)

Use the space below to provide any information regarding chronic illness, allergies, or any other health or behavior information that may be helpful in assessing or treating your child in case of illness or emergency. Please be as thorough as possible; attach a separate sheet if necessary.



Astro Camp Medication Form

Child's Name: _____

Name of Medication _____	Prescription ____	OTC ____	(check one)
Inclusive Dates – Begin: _____	Finish: _____		
Dosage: _____	Time: _____		
<i>If prescription medication, please list name of authorizing physician.</i>			
Authorizing Physician: _____	Phone number: _____		

Name of Medication _____	Prescription ____	OTC ____	(check one)
Inclusive Dates – Begin: _____	Finish: _____		
Dosage: _____	Time: _____		
<i>If prescription medication, please list name of authorizing physician.</i>			
Authorizing Physician: _____	Phone number: _____		

To be completed by Stennis medical staff only.

Date Administered	Personnel Dispensing Medication	Time	Dosage Given

(Please use separate sheet of paper to list more medications)