



AUTHORIZATION TO ADMINISTER MEDICATIONS

Written Physician and Parent Permission Form

Student Name: Date of Birth: Drug Allergies:

The following **Over-The-Counter (OTC) medications are available at Dwight School's Health Office.** Dwight School personnel can administer or assist my child in administering these OTC medications according to label instructions and weight during school hours and/or during Dwight School off-campus events, including overnight trips, **ONLY if Parent/Guardian AND Physician signature is documented below.**

Medication	Route of Administration	Schedule and Indications	Administer as Needed? (circle one)
Acetaminophen (Tylenol)	By mouth (liquid/chewable/tabs)	Q4h as needed for pain or fever > ____-F	Yes No
Ibuprofen (Motrin/Advil)	By mouth (liquid/chewable/tabs)	Q6h as needed for pain or fever > ____-F	Yes No
Diphenhydramine (Benadryl)	By mouth (liquid/tabs)	Q6h as needed for allergic reaction/hives/insect bites	Yes No
Loratadine (Claritin)	By mouth (liquid/tabs)	Once Daily for allergy symptoms	Yes No
Cepacol/Halls/Sore Throat Pops	By mouth	Q2h as needed for sore throat/cough	Yes No
Antacids (Tums)	By mouth (chewable)	Q4h as needed for upset stomach	Yes No
Neosporin/Bacitracin	Topically	Q4h as needed for cuts/scrapes	Yes No
Benadryl/Hydrocortisone	Topically	Q4h as needed for itch	Yes No
Calamine/Calaclear/Aquaphor/ or/ Vaseline	Topically	Q4h as needed for itch/irritation	Yes No
Visine A.C. (Allergy Eye Drops)	Topically	Q4h as needed for allergy itch/irritation	Yes No
Saline Solution	Topically (eyes/nose)	Q4h as needed for dry/stuffy nose or cleaning/refreshing contact lenses	Yes No
Arnica/Menthol/Biofreeze	Topically	Q4h as needed for minor muscle or joint pain	Yes No
Sunscreen (broad-spectrum)	Topically	30 minutes prior to sun exposure and as needed for outdoor activities	Yes No

Please document below if this student requires **routine** OTC and/or Prescription medication administration during the school hours and/or off campus events other than those medications listed above. **That medication must be supplied by the parent and stored in the Health Office in the original packaging.** Dwight School personnel may **assist** this student with administration of that medication according to the physician's instructions listed below.

Diagnosis	Medication	Route	Frequency/Time	Comments

Physician/Healthcare Provider (New York, New Jersey, or Connecticut licensed)

Physician/Healthcare Provider's Name (print): _ License #: Phone #:

Signature: Date: **Parent/Guardian:**

Parent/Guardian Name (print):

Signature: Date:

This document will remain in effect until either the last day of my child's enrollment at Dwight, when the medication order/therapy changes, or when I cancel this authorization in writing.



Food Allergy Guidelines

Some of our camp staff and campers have severe food allergies (such as eggs, peanuts, and tree nuts). While some allergic reactions can be mild, many people with severe food allergies experience serious and potentially life-threatening symptoms when eating, and in some cases, touching or smelling the allergen.

At Dwight Summer Camp, we are committed to ensuring our Camp is safe and inclusive for individuals with food allergies by educating our community in recognizing food allergies, avoiding the presence of allergens in the camp setting, and responding appropriately if an allergic reaction occurs.

Lunches must be premade, individually packed, and delivered for Camp counselors and campers.

For camp staff & campers:

- Snack and lunch must be consumed in the designated lunch/classroom only under adult supervision
- Face masks can be removed when eating
- Maintain social distancing, per CDC guidelines
- Do NOT share foods or utensils
- Always wash hands thoroughly with warm water and soap prior to and after eating
- Wipe tables thoroughly before and after snack and lunch
- Waste/recycling bins must be inside the lunch/classrooms and immediately disposed of after snack or lunch periods
- Diagnosed food allergies must be reported/listed in Magnus Health
- Anyone at risk for anaphylaxis is required to have the prescribed allergy medication, including an EpiPen auto-injector during school

Lunches from home:

- Camp staff and campers must refrain from bringing peanut, tree nuts, or other nut-based foods to school.
- Meals identified to have peanut, tree nuts, or other nut-based foods will be taken away or sent home.
- Utensils packed must be disposable.
- Food from home needs to stay in backpacks until snack/lunchtime.

Campers are required to provide two sets of emergency medications at camp; one for the Health Office for use while the camper is in camp and another for the camper's backpack so that counselors have it with them in case of an emergency during off-campus events, including field trips, recess, after-school programs, etc.

Camp staff and campers are required to carry the allergy medication, including injectable epinephrine, at all times in camp and during off-campus events, including recess, field trips, etc., so that (s)he has it available in case of an emergency.

There is no way we can ensure that our Dwight Summer Camp is completely nut-free. We appreciate the efforts of each member of our community to protect the health of our community members.

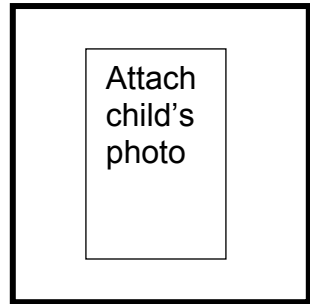
Allergy and Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Date of birth: ___/___/___ Age ___ Weight: _____kg

Child has allergy to _____



- Child has asthma. Yes No (If yes, higher chance severe reaction)
- Child has had anaphylaxis. Yes No
- Child may carry medicine. Yes No
- Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for



If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child.** Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature

Date

Physician/HCP Authorization Signature

Date

Allergy and Anaphylaxis Emergency Plan



Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: () -

Doctor: _____ Phone: () -

Parent/Guardian: _____ Phone: () -

Parent/Guardian: _____ Phone: () -

Other Emergency Contacts

Name/Relationship: _____ Phone: () -

Name/Relationship: _____ Phone: () -