

COLORADO SUMMER CAMP ADDITIONAL REQUIRED INFORMATION

Colorado Addendum – Contract to Carry

This is for Scouts (Youth - 17 & younger) who need to carry emergency medications while at summer camp.

ALL SIGNATURES ARE REQUIRED

This contract is intended for Scouts diagnosed with asthma, anaphylaxis, severe allergies, and/or other life-threatening conditions and is in effect while the Scout is at camp. Colorado Child Care Regulation 7.711.31.4.

Scout Name: _____ **Date of Birth:** _____

Camp: _____ **Medication(s):** _____

Purpose of Medication(s): _____

Scout/Child:

- I agree to keep my medication with me while at camp and use it in a responsible manner.
- I will notify Camp staff when I use my medication.
- I will notify Camp Health Staff immediately if my condition for which I am prescribed my medication presents any unusual difficulty or symptoms.
- I will not allow any other Scout to administer or use my medication.
- I understand that if I fail to comply with this contract, my privilege to carry and self-administer the medication may be withdrawn, which could result in being sent home from camp.

Scout Signature: _____ Date: _____

Parent or Guardian:

- I assure that my child will carry his/her medication as prescribed, that the medication will be appropriately labeled by a pharmacist or healthcare provider and that the medication has not expired.
- I will assure that back-up medication is provided to the Camp Health Staff for emergencies.

Parent/Guardian Signature: _____ Date: _____

Unit Leader:

- I agree to make sure the Scout will keep the medication with them at all time and make sure that it is used in a responsible manner.
- I will monitor the Scouts use of the medication and alert the Camp Health Staff if the medication is used and if the Scout's condition gets worse or do not resolve in a timely manner.
- I will monitor the medication and ensure that it will not be administered or used by another Scout.
- I have reviewed the medical condition for which the Scout is provided the medication for.

Unit Leader Signature: _____ Date: _____

Doctor or Health Care Provider:

- I assure that the child listed on this document needs the listed medications and can self-administer as needed.
- I assure that the child is aware of the proper procedure of self-administering.

Health Care Provider Signature: _____ Date: _____

Camp Health Staff:

- I assure that the child has demonstrated the proper technique for self-administering the medication.
- I assure the child knows the proper times and dosages for when to administer.
- I assure that the appropriate Camp Staff will be notified of the child's condition and that they are carrying medication.

Health Staff Signature: _____ Date: _____