

SEP HEALTH OFFICE INFORMATION

(PARENTS PLEASE KEEP FOR YOUR RECORDS)

The SEP health office would like to welcome our campers and explain a little about our role here at camp. Our desire is to keep your child safe and healthy while they attend SEP camp and we will be happy to answer all your questions on registration day.

- ❖ The nurse's office is open from 7am until 10pm every day of camp.
- ❖ Our main function here is to give necessary medications, monitor illnesses and provide first aid to campers.
- ❖ We occasionally have to refer a camper to Urgent Care at The Greeley Medical Center (during daytime hours) or The Emergency Room if we have a problem that requires more comprehensive medical care than we can supply.
 - Please supply every available contact number for both parents to allow us to contact you immediately, if needed.
 - We may call for a credit card number for the insurance co-pays when sending your child to either GMC or the ER.
 - We will send home all receipts for services/prescriptions and give you a follow-up call.
- ❖ We have given you a list in your application of over-the-counter medications we supply. Please initial at the bottom of the page.
 - If you prefer a different type of OTC medication, please turn it in to the health staff at registration, otherwise, using our stock medications decreases the amount of bottles in the nurse's office.
 - We do not allow any medications (except certain lotions or topical treatments for acne) in the camper's rooms. We encourage campers to carry their asthma inhalers with them during camp for quick access. This policy is to protect all the students from any medications being taken accidentally by the wrong person. This also helps us to monitor and better care for your child if they start to feel sick.
- ❖ Below you will see our Medication Update Form. Please send this form with your child to camp **ONLY** if their medications have changed.
 - Please stop by at registration and ask us any questions you may have regarding our medication policy.

SEP Medication Intake/Administration UPDATE FORM ONLY

Campers Name: _____ **Grade:** _____

This form is used **ONLY** if there are **any changes** to your child's medications **since** the application (Medical Form D) was turned in. Changes include discontinuing a medication, starting a new medication or if dosages have changed. Please Note: The SEP health staff will only administer prescribed or over-the-counter medications that are in their original container with the prescription or product label.

Medication Name	Dose/Amount to be given	Time to be given	Purpose of Medication	Side Effects/Comments

Parent Signature: _____ Date: _____

Physician Signature: _____ Date: _____