



**BUTTERFLY  
PAVILION**

## CAMP MEDICAL AUTHORIZATION AND HEALTH INFORMATION FORM

Hello Camp Parents and Guardians,

Thank you for registering your child for Butterfly Pavilion camps. We strive to provide a fun and educational camp experience for every camper. If your child has a condition that requires the administration of medication, testing, or additional health support during camp, please read this packet to understand Butterfly Pavilion policies, and complete the required authorization forms.

Butterfly Pavilion and all of its Camps have CPR and First Aid trained staff on site in case of an emergency situations. A Child Care Health Consultant (CCHC) Nurse oversees Health Care Policies and Procedures for Camps, as well as training and delegation of all medication on site. When the CCHC nurse is not on site to administer medication, a trained and delegated Butterfly Pavilion Staff administers medications.

All non-emergency prescription and over the counter medications are locked on site, and administered according to the instructions written and signed by the child's Health Care Provider. Emergency medication for a chronic illness such as asthma, allergies, or diabetes is carried by the child's Camp Instructor at all times, and administered according to separate Care Plan Instructions written and signed by the child's Health Care Provider.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, and licensed Health Care Provider's name. Pharmacy name and phone number must also be included on the label. Over the counter medication must be packaged in the original container and labeled with child's name. In both cases, dosage must match the signed Health Care Provider authorization on page two of this form,

Please complete and submit the forms in this packet TWO WEEKS prior to your camper's first day of camp.

- If your child has a chronic illness such as asthma, allergies, or diabetes, we also require a separate Care Plan written and signed by the child's Health Care Provider.
- If your child has alternate health needs, Butterfly Pavilion's camp director may schedule an in-person meeting with the parent/guardian and child, to better understand the camper's health needs and make arrangements for support.
- Campers of all abilities are welcome to register for camp. In order to meet our goal of setting all campers up for success, we ask that you please contact us if your child has any special needs of which we should be aware. We are more than happy to discuss all options available. If your child needs to attend camp with his/her full-time care provider, special arrangements can be made but must be scheduled several weeks in advance for security purposes.
- Forms can be scanned and emailed to [mcopan@Butterflies.org](mailto:mcopan@Butterflies.org).

Thank you in advance for filling out the following forms & ensuring the safest camp experience possible. If you have any questions, please don't hesitate to reach out.

**Marissa Copan**

Director of Community Engagement  
Butterfly Pavilion  
6252 W. 104th Ave.  
Westminster, CO 80020  
720-974-1877

<b>Child's Name</b>	<b>Camp Title and Dates:</b>
<b>Name of Medication</b>	<b>Dosage</b>
<b>Method of Administration:</b>	<b>Does Medication Require Refrigeration? YES NO</b>
<b>Reason for Medication:</b>	<b>Is Condition Contagious? YES NO</b>
<b>Days and Times to be given</b> <i>(Note: We will only dispense medication as per labeled instructions):</i>	

Butterfly Pavilion agrees to administer medication prescribed by a licensed Health Care Provider with prescriptive authority. The parent/guardian agrees to pick up expired/unused medication within one week of notification by staff. All medication(s) left at Butterfly Pavilion will be discarded according to the most current state regulatory recommendations for safe medication disposal.

By signing this document, I give permission for trained and delegated Butterfly Pavilion Staff and/or the Butterfly Pavilion Camp CCHC Nurse to administer the above listed medication to my child, according to the dosage and times described above, which must match the Health Care Provider's instructions on Section 2 of this form. I also give permission to my child's Health Care Provider to share information about the administration of this medication with Butterfly Pavilion Staff and the CCHC Nurse.

I take responsibility and assume any and all risks arising from this permission. I understand that the medication must be in the original pharmacy container, unexpired, labeled with the child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, licensed Health Care Provider's name, pharmacy name, and phone number (or for over the counter medication, must be in original container labeled with child's name).

I understand that by signing this form I hereby release, waive, discharge Butterfly Pavilion, and any Butterfly Pavilion Staff, Instructors, Volunteers, and any associated entities or employees of any associated entities against any and all liability, to me, my child/children, my spouse, legal guardians, my legal representatives, heirs, and assignees for any and all losses and/or resultant damages that result from the administration of the above listed medicine to my child.

I agree to indemnify and defend Butterfly Pavilion and any Butterfly Pavilion Staff, Instructors, Volunteers, and any associated entities or employees of any associated entities against, and hold them harmless from, any and all claims, cause of action, damages, judgments, costs and expenses, including attorney fees, which in any way result from the administration of the above listed medicine to my child.

<b>Parent/Legal Guardian Name (printed):</b>	
<b>Parent/Legal Guardian Signature:</b>	<b>Date:</b>
<b>Primary Phone:</b>	<b>Alternate Phone:</b>



The following is to be filled out by the Child's Health Care Provider with Prescriptive Authority for prescription or over the counter medication needing to be administered during camp. *(If your child has a Care Plan for a chronic illness such as diabetes, we require a copy of a separate Care Plan written and signed by the child's physician, instead of this form.)*

Child's Name:		Birthdate:
Medication:	Dosage:	Route:
To be given at the following times:	Start Date:	End Date:
Special Instructions:		
Purpose of Medication:		
Side Effects to be reported:		

<b>Health Care Provider Name (printed):</b>	
<b>Health Care Provider Signature:</b>	<b>Date:</b>
<b>Phone:</b>	<b>Fax:</b>

**FOR INTERNAL BUTTERFLY PAVILION USE ONLY**

<b>Child Care Health Consultant Nurse Signature:</b>	<b>Date:</b>
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**Notes:**

To be completed by camp staff at time of administration:

Date Received: _____	Medicine received: _____				
	Mon	Tues	Weds	Thurs	Fri
Time Given					
Staff Signature					



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## Authorization & Explanation for Self-Administered Medications or Additional Support (Completed by Parent/Guardian)

Please complete this form only if your child's Care Plan for a chronic illness such as asthma, allergies, or diabetes, recommends your child self-administer their medication while participating in Butterfly Pavilion's Camp.

*If your child requires additional support or accommodations, will have a private nurse, or anything not covered above – please fill in the information below.*

Child's Name	Camp Title and Dates:
Name(s) of Medication and/or Test (if applicable)	
Description of Additional Care or Accommodations to be Made during Camp:	

I request that my child, named above, be permitted to self-administer, or have a private nurse administer the above ordered medication(s) and or medical test according to the separate Care Plan written and signed by their Health Care Provider.

I understand that the medication must be in the original pharmacy container, unexpired, labeled with the child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, licensed Health Care Provider's name, pharmacy name, and phone number. I will ensure that any medication device has medication in it and will discuss the responsibilities of self-administering this medicine with my child.

I understand that Butterfly Pavilion reserves the right to withdraw this privilege if the child or private nurse shows signs of irresponsible behavior, inability to carry out the administration of the medication, or if there is a safety risk. I understand that Butterfly Pavilion staff will contact the parent(s) as soon as possible in this event, and will discuss options with the parent(s).

I understand that Butterfly Pavilion will make accommodations to the best of their ability to provide a safe and educational experience for my child. I will not hold Butterfly Pavilion responsible for accommodations made that may not entirely meet the child's needs.



**By signing this document, I take responsibility and assume any and all risks arising from this permission.** I understand that by signing this form I hereby **release, waive, discharge** Butterfly Pavilion, and any Butterfly Pavilion Staff, Instructors, Volunteers, and any associated entities or employees of any associated entities against any and all liability, to me, my child/children, my spouse, legal guardians, my legal representatives, heirs, and assignees for any and all losses and/or resultant damages that result from the self-administration of the above listed medicine by my child. I agree to **indemnify and defend** Butterfly Pavilion and any Butterfly Pavilion Staff, Instructors, Volunteers, and any associated entities or employees of any associated entities against, and hold them harmless from, any and all claims, cause of action, damages, judgments, costs and expenses, including attorney fees, which in any way result from the self-administration of the above listed medicine by my child.

<b>Parent/Legal Guardian Name (printed):</b>	
<b>Parent/Legal Guardian Signature:</b>	<b>Date:</b>
<b>Primary Phone:</b>	<b>Alternate Phone:</b>
<p><b>Child Agreement and Understanding:</b> I will only use the medication and/or testing supplies in a manner consistent with my Care Plan written and signed by my Health Care Provider. I know how to properly administer my medication and/or testing and have appropriate self-care skills. I will notify a Camp instructor or administrator if my health condition is presenting unusual difficulty. I will not allow any other individual to use my medication and/or testing supplies.</p>	
<b>Signature of Child:</b>	

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<p>The Butterfly Pavilion permits the above child to administer the above medication and/or testing supplies according to the Health Care Provider's instructions, and will ensure Camp Instructors understand the physician's order, will carry the medication and provide to camper when needed. Butterfly Pavilion Staff reserve the right to withdraw this privilege if the child shows signs of irresponsible behavior, inability to carry out the self-administration of the medication and/or testing, or if there is a safety risk. Butterfly Pavilion Camp staff will contact the parent/guardian as soon as possible in this event and will discuss options with the parent/guardian.</p>	
<b>Signature, Butterfly Pavilion Camp Director:</b>	<b>Date:</b>

