



Authorization to Administer Medication Form

Wander Wisconsin is a program of Wisconsin Youth Company, Inc.
(608) 276-9782 (800) 238-1174

This form must be received two weeks prior to scheduled trip.

Send To: Wander Wisconsin
1201 McKenna Boulevard
Madison, Wisconsin 53719

For office use

CAMPER NAME _____

TRIP DESTINATION AND DATE _____

MEDICATION APPROVAL

All Wander Wisconsin trip leaders have training in Wilderness First Aid. The following over-the-counter and prescription medicines will be available for use on the trip at the discretion of the trip leaders. Please review the list below and initial all medicines that you approve for use by the trip leaders for your child(ren).

- | | |
|---|--|
| <input type="checkbox"/> Hydrocortisone cream | <input type="checkbox"/> Antacids (like Maalox or Tums) |
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Sun Screen |
| <input type="checkbox"/> Aloe Vera cream/gel | <input type="checkbox"/> Saline eye drops |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Topical antibiotic ointments |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Insect repellent (possibly containing DEET) |
| <input type="checkbox"/> Prescription Silvadine (for burns) | |

Wander Wisconsin trip leaders will also have training in administering epinephrine by use of a device known as an epi-pen. This training is conducted by a licensed physician. Using an epi-pen is an emergency response for a person going into anaphylactic shock. Anaphylactic shock occurs from an allergic response such as a bee sting. An epi-pen is also used in the case of a severe asthma attack. Please initial the following to approve the use of an epi-pen by Wander Wisconsin trip leaders for your child. **If your child has known allergies or asthma requiring an epi-pen, you must provide one for your child.**

Epinephrine (epi-pen)

I have read and understand that all medications that I have checked above will be available for use for my child(ren) by Wander Wisconsin Trip Leaders.

X _____
Parent or Legal Guardian Signature Date

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) to be taken on the trip. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Please indicate the exact amount of medication being sent with your child (number of pills, fullness of bottle, etc.)

- This person **takes NO medications** on a routine basis. OR This person **takes medications** as follows:
- Med #1 _____ Dosage _____ Reason for taking _____
Specific instructions (include dates to be taken and interval between doses) _____
- Med #2 _____ Dosage _____ Reason for taking _____
Specific instructions (include dates to be taken and interval between doses) _____
- Med #3 _____ Dosage _____ Reason for taking _____
Specific instructions (include dates to be taken and interval between doses) _____
- Med #4 _____ Dosage _____ Reason for taking _____
Specific instructions (include dates to be taken and interval between doses) _____

X _____
Parent or Legal Guardian Signature Date

Year

Trip Name/Date

Camper