

GOLDEN HEART RANCH MEDICATION INSTRUCTIONS

Prescription and over-the-counter medication must be in original containers and placed in a gallon size zip lock with the Medication Information Form completed inside the bag and the camper's name clearly marked on the bag. We will need 2 copies of the Medication Information Form.

All medications must be checked in with Ranch staff upon arrival.

Medication at Camp Coyote Ridge will be dispensed in the morning and at bedtime. **Medications can be dispensed at other times only if medically necessary and only if specific times are written on the Medication Information Form.** You are responsible to check that your Rancher's prescriptions on the Medication Information Form are written clearly with dosage and how and when the medication is to be given. Please include any special instructions or precautions (i.e. sit up for 30 min after taking, no dairy, drink 8 oz of water, pills with applesauce).

If the Medication is to be taken only as needed the prescription must be written that way. (ex, Ativan for seizures or albuterol for wheezing).

PLEASE follow these instructions carefully to ensure your Rancher's safety.

Birth Control pills and any over-the counter ('As Needed') medicine should be sent in original packaging. Liquids, creams, inhalers, powders and injectable medicines are to be delivered to Golden Heart Ranch with clear dispensing instructions included and labeled with the Rancher's name.

Golden Heart Ranch Staff are unable to share any medicine, cream, lotion, ointment, etc. with any other person at the Ranch. Also, over-the-counter medicine such as cough medicine, Tylenol, etc. will not be administered unless permission is written by parent/guardian on the Over-the Counter Medication Permission Form.

Please send a front and back copy of your son's/daughter's Medical Insurance Card(s) along with completing all medication forms.

Be sure to sign out medications at the end of Camp Coyote Ridge/Ranch programs.



Permission to Dispense Medication Waiver and Release of All Claims

Golden Heart Ranch will not dispense medication to a minor child or any other participant until the *Permission to Dispense Medication Waiver* and *Medication Information Form* have been fully completed by a parent or guardian.

Participants Name: _____ Age: _____

Address: _____

Parent/Guardian Name(s): _____ Contact Phone: _____

I, _____ the parent/guardian of _____

give permission to the staff of Golden Heart Ranch to administer to my child the medications listed on the Medical Information Form.

I understand it is my responsibility to give medications (including inhalers) directly to the program staff in the **original prescription containers** in a gallon size zip lock bag **clearly labeled** with participants name. Please **include 2 copies** of the Medication Information Form in the bag. I also understand, that over the counter medicine such as cough medicine, Tylenol etc., will not be administered unless permission is written by parent/guardian on the Over-the-Counter Medication Form.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Golden Heart Ranch to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my child. In consideration of Golden Heart Ranch's administering medication to my child, I do hereby fully release or discharge Golden Heart Ranch, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend Golden Heart Ranch, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian: _____ Date: _____

I hereby acknowledge that the above information provided for the dispensing of medication for my child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes. I will do so by completing another Medication Information Form.

Signature of Parent or Guardian: _____ Date _____



Golden Heart Ranch Medication Information Form

Rancher Name:

Allergies:

Medication Name	Dose	Route	Time(s) due	Additional instructions

- Please provide two copies of the Medication Information Form – One goes into the medication zip lock bag, the other goes into the Staff Emergency Binder.

**Golden Heart Ranch
Over the Counter Medication Permission Form**

Ranchers First Name _____ Ranchers Last Name: _____

Allergy(ies) _____

Weight _____ Date of Birth _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at Golden Heart Ranch. Should the need arise, parent(s) will be contacted for any medication applied/given.

Please check off the medications that are approved and sign below:

I approve all medications below

I approve of *selected* medications below

I do not want *any* OTC meds given to my child

Advil (Ibuprofen)

Hydrocortisone Cream (Cortaid)

Allergy Tabs (Antihistamine)

Oral Products containing Benzocaine (Oragel, Chloraseptic)

Anti-itch Cream (Benadryl)

Triple Antibiotic Ointment (Neosporin)

Burn Gels

Antacid (Tums, Maalox)

Calamine Lotion

Acetaminophen (Tylenol)

Eye Drops for Dryness

Sunscreen

I give the Ranch staff permission to administer the over-the-counter medications indicated above, should the need arise, while my child is at Golden Heart Ranch.

Signature of Parent/Guardian _____ Date _____