



LUNE SPARK CAMP

# Medication Distribution Authorization

Complete one form per child, per camp session. Bring with the medication on Day 1.

## BEFORE YOU FILL THIS OUT — PLEASE READ

Medication must be in its original container, labeled with your child's first and last name.

**You must** hand the medication to front desk in person — campers cannot carry medication.

Over-the-counter meds, vitamins, supplements, and homeopathic remedies will only be accepted with a physician's prescription.

Sunscreen and insect repellent require a **separate Sunscreen Form** — not this one.

Unused medication must be claimed within 30 days of the last camp day, or it will be disposed of.

## 1. CAMPER & PARENT INFORMATION

Child's Full Name

Name Called

Date of Birth

Age

Grade

Center (Apex / Chapel Hill /  
Holly Springs)

Camp Week (e.g., Bugs — 6/8 to 6/12)

Today's Date

Parent / Guardian Full Name

Mobile Phone

Email Address

## 2. MEDICAL BACKGROUND

Did you list any medical or health needs on the camp registration form?

Yes

No

If yes, what — and is there anything camp staff should know? (Staff will discuss any reasonable accommodation requests with you.)

Diagnosis (check all that apply):

Asthma

Allergy (list below)

Seizures

Diabetes

ADHD

Other (list below)

### 3. MEDICATION DETAILS

List EVERY medication camp staff will administer. Use one row per medication. Need more rows? Attach a second sheet.

Medication	Dosage	How to give	When to give	Notes

### 4. ADMINISTRATION & EMERGENCY CONTACT

Administered by:

- Lune Spark camp staff (front desk)                       Self-administered (doctor's permission attached)

Emergency Contact Name

Relationship to Camper

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Emergency Contact — Mobile

Home

Work

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### 5. AUTHORIZATION

I authorize Lune Spark Camp staff (front desk) to administer the medication(s) listed above to my child during camp hours, per the instructions on this form. I confirm the medication is in its original container, labeled with my child's first and last name, and supplied in sufficient quantity for the camp week.

Parent/Guardian Signature

Printed Name

Date

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# Medication Check-In / Check-Out Log

Page 2 — Front desk use. One row per check-in or check-out event.

Camper Name

Center

Camp Week

Date	Time	Medication	Quantity	In / Out	Staff Name + Initials	Parent Initials

By signing below, both parent/guardian and front desk staff confirm the medication quantities at check-in and at end-of-camp pick-up.

Parent/Guardian Signature

Printed Name

Date

Lune Spark Staff Signature

Printed Name

Date