

Medication Form

Camper's First Name

Camper's Last Name

Camper's Date of Birth

Instructions:

- Please complete this form within 24 hours of the start of camp and print a hard copy.
- Place this completed form in a clear Ziplock bag with your camper's full name on it.
- Place your child's medications* in this Ziplock bag with the form. We cannot accept or administer *expired medications* or *medications not in their original containers*.
- This bag will be turned in at camp check-in and reviewed with camp staff.
- Don't forget to pick up this bag at check-out when camp is over.

*Rescue medications, such as inhalers and Epi-pens, should be placed in a *separate* Ziploc bag and kept with the camper's counselor.

We carry basic over-the-counter medications such as Tylenol, Advil and antihistamines but you may send these medications with your campers as long as they are in their original packing.

Name of Medication	Exp Date	Prescription (RX) or over the counter (OTC)?	Date Started	Reason for Taking	When is it given? Frequency (breakfast, lunch, dinner, bedtime) OR as needed	Dosage (mg or mL + amount, i.e. 15mg 1 tab)	How is it given?	Potential Side Effects	Notes

CURRENT MEDICATIONS

Please check here if your camper carries an Epi-pen with them regularly.

ALLERGIES:

Please check here if your camper carries a rescue inhaler with them regularly.

X______ Signature of Parent/Guardian

Date

FOR CAMP USE ONLY:

Medication Name:			Dosage:		Route:			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Breakfast								
Lunch								
Dinner								
Bedtime								
As Needed								
Comments:								
Medication Name:			Dosage:		Route:			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Breakfast								
Lunch								
Dinner								
Bedtime								
As Needed								
Comments:							1	
Medication Name:			Dosage:		Route:			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Breakfast								
Lunch								
Dinner								
Bedtime								
As Needed								
Comments:		I	1				1	