Red Willow Ministries 1651 Jacob Drive Binford, ND 58416



Phone: (701) 676-2681 Fax: 701-676-2680

For:	
Keep this form and bring it to camp with the medipak. This form MUST be use.	e completed and accompany the medipak for our nurses to
Camper's Name:	
Session attending:	Discovery I (June) Discovery II (July)
Policy	
RWBC requires that any/all campers attending DISCO camp must completed organizations sending campers must ensure these forms are completed medications come to registration in medipaks which have been checked facility.	and signed off in full. RWBC also requires that all
Instructions	
An RWBC Medication Administration Record (MAR) must be submitted to so that our healthcare staff have adequate time to prepare. Campers need on not have a RWBC MAR on file.	
Each camper needing medication must bring a medipak (daily pill organi their daily medication doses for the session PLUS one extra day of medication	
Verification (Medipaks must be checked and signed off by camper's PHA	RMACY AND/OR AN RN AT YOUR FACILITY.
Medipak filled by:	
Name / Title:	
Date:	
Title of verifying individual (sign below):	
My signature indicates that this camper's medipak is filled with the corre physician.	ct medications and dosages as directed by his/her
Signature	Date