

## Medication Information

Dear Parents,

If your camper will need medication at camp, please fill out this form and give it to the van counselor at your camper's van stop when you give the van driver your child's medication. This information is confidential and will be kept in the Health Center with camper's medication. If possible, please send all medications for the week on Monday. The nurse will give camper's medications as specified and will contact you if additional information is needed. \*Over-the-counter medications and prescriptions should not be sent/brought to camp by campers. Please give all medications and instructions to the Van Counselor or Van Driver. \* The camp will not give campers any medications that are improperly labeled or not prescribed by a physician. We will call parents and/or physicians concerning all medications about which there are any questions involving safety.

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent to contact if we have questions regarding camper's medication while at camp:

Name(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage/amount to be given (each dose): \_\_\_\_\_

Frequency/specific times to administer: \_\_\_\_\_

Quantity of medication sent to camp: \_\_\_\_\_

Purpose/anticipated positive effects: \_\_\_\_\_

Potential negative side effects that might occur: \_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone# \_\_\_\_\_