

Camp Medication Form

Instructions: If your camper will be taking medicine during their camp session, please fill out the below information, fold in half, and place the form and the medications into a Ziploc bag with your camper's name on it.

Name: _____ Dates Attending: _____

MEDICATIONS

Medication and reason for use (Example: Amoxicillin for ear infection)	Dosage and Frequency (Example: 1 tablet, 3x/day)	Check all that apply
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed Time <input type="checkbox"/> As Needed <input type="checkbox"/> Other
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed Time <input type="checkbox"/> As Needed <input type="checkbox"/> Other
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed Time <input type="checkbox"/> As Needed <input type="checkbox"/> Other
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		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed Time <input type="checkbox"/> As Needed <input type="checkbox"/> Other

Our nurses are also able to administer the following over-the-counter medications with your permission.

- | | | |
|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Tums | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Advil | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Pepto-bismol |

All prescription medications **MUST** be in correctly labeled container with name and dosage.

If your child's name is not on your non-prescription container, please write their name on it.

Parent / Guardian's signature: _____ Date: _____

Camp Staff signature: _____ Date: _____