

# Medications Form



*This form to be given to camp staff upon arrival*

Camper's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**All medications and this form are to be given to camp staff upon arrival at camp. Please do not pack medications in your child's suitcase.** All medications at camp must be administered under directions of the camp nurse. This includes aspirin, Tylenol, ointments, and vitamins as well as prescription drugs. The medication must be in its original container and marked with camper's name, medication name, doctor's name if prescription, and dosage. Attach other sheets if needed.

Medication _____ Taken For _____ Dosage(amount) _____ Give regularly? _____ OR Only when needed? _____ How often? _____ Time(s) <i>(circle choices)?</i> 8am 12 noon 6pm 9pm Special instructions or comments: _____	Medication _____ Taken For _____ Dosage(amount) _____ Give regularly? _____ OR Only when needed? _____ How often? _____ Time(s) <i>(circle choices)?</i> 8am 12 noon 6pm 9pm Special instructions or comments: _____
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If severe allergic reaction occurs -- is epi pen necessary? (If <b>yes</b> , epi pen must be included with medications.)	<input type="radio"/> Yes	<input type="radio"/> No
Check who should carry the epi pen:	<input type="radio"/> Child	<input type="radio"/> Counselor

The medications on this sheet are to be administered to my child as indicated above while at camp.

Parent/Guardian: \_\_\_\_\_ / \_\_\_\_\_  
(Please Print)
(Signature)
Date