



MEDICATION FORM

Camper Name _____

Medication to be given **DAILY**

Name of Medication	Dose	B	L	D	N	Taken for

Medication to be given **AS NEEDED**

Name of Medication	Dose	Taken for

Parent Signature _____

Date _____

**Please DO NOT SEND IN ADVANCE
ONLY NEEDED IF BRINGING MEDS**

If possible please bring in a resealable zip bag with your campers name on the outside.
(Helps Check-in go quicker)

Please list any necessary medications that your camper takes. This is for prescription medication as well as non-prescription medication.

All medications must be turned in to the Camp Nurse during our Opening Day screening. This includes prescriptions, vitamins, and over-the-counter medications. These measures are in place to ensure that each camper receives the proper medication at the proper dosage. All unused medications can be picked up on Closing Day.

Please do not discontinue medication while at camp to see how your camper responds at camp without it. In most cases, the results are disappointing.

Medication must be in original containers and have:

1. Name of camper
2. Name of medication
3. Complete instructions for use
4. Proper dosage
5. Date it was dispensed
6. Name of prescribing doctor