CAMP MEDICATION FORM 2018

Cabin Number: _____ Counselor: _____

Camper Name (print): _____ **Date of Birth:** _____

Instructions: Campers who are bringing medication to camp must have a parent/guardian complete this form in its entirety. All medication along with a signed copy of this form must be turned in to camp nurses on the day of departure.

Please put all medication in the **original pharmacy labeled bottle**(s) along with a **signed copy of this form** in a sealed Ziploc bag with the camper's name clearly printed on it.

Make sure campers have enough medication for the entirety of camp. Over the counter medication such as children's Tylenol and children's Benadryl will be available at the nurse's station. **Epipens and inhalers** should be kept on the camper (or counselor) at all times for immediate access, but a medication form should still be completed and turn in to camp nurses.

Name of Medication	Check all that apply	Dosage	Frequency / Time of Day
	☐ Prescription Medication ☐ Over the Counter ☐ Vitamin ☐ Taken on routine basis ☐ Taken as needed ☐ Epipen ☐ Inhaler		
Special Instructions (crushed in food / taken with food):			

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	☐ Prescription Medication ☐ Over the Counter ☐ Vitamin ☐ Taken on routine basis ☐ Taken as needed ☐ Epipen ☐ Inhaler		
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