

# F

ID#«ID_Number»	«Type_of_Camper»
«First_Name» «Last_Name»	(«Nickname»)
«Mailing_Address»	
«Mailing_Address_Line_2»	
«Mailing_City», «Mailing_State»	
«Mailing_Zip_Code» «Mailing_Country»	
«Telephone»	DOB:«Date_of_Birth»

## MEDICATION INFORMATION

### PLEASE READ BEFORE COMPLETING THIS FORM

The following are guidelines for prescription medication(s) being sent to camp with your camper. To make this a smooth transition from home to camp, please read our precautions and notify us if you would like us to adapt in alternative ways to increase your child’s success at camp.

- All prescription medication to be administered to the camper must be ordered by a physician and sent in the prescription bottle with the label intact.
- The “dose/time given” should match the prescription label. If there has been a recent change in the way a medicine is taken and you will be sending a left-over supply with the old directions, please note the date of the change and the new directions in the “dose/time given” box. Please note side effects.
- Campers’ medicines will be kept in a lock box with the camp nurse. The only exception will be campers with asthma carrying an inhaler.
- All medications are administered by the camp nurse or counselors.
- The counselors, trip heads and the camper are educated about the need for compliance, the purpose of the medication, and any possible side effects.

### Daily Medications Being Sent with Camper (Use back of form if needed)

	Medication Name	Dose/Time Given	Diagnosis/ Reason Given	Prescribing Physician	Physician’s Phone #
Med #1					
Med #2					
Med #3					

### As Needed Medications Being Sent

Name of Medicine & Reason Given	Dose/When Given

Camper Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_