

Date \_\_\_\_\_ Name of person taking medication: \_\_\_\_\_

### MEDICATION FORM

#### Attention All Campers! Please read this notice.

You will meet with the camp nurses during registration on Sunday. They will be checking your forms for accuracy and collecting your medication.

#### All your prescription medication must be in PHARMACY LABELED CONTAINERS.

Tell the nurse of any meds that you must keep in your possession for emergencies (asthma, allergies, heart conditions).

#### Part A Please LIST BELOW ALL OVER THE COUNTER MEDICATIONS

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Time to be taken _____	Time to be taken _____
How to take medication: _____	How to take medication: _____
(i.e., by mouth, injection, inhalant, etc.)	(i.e., by mouth, injection, inhalant, etc.)

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Time to be taken _____	Time to be taken _____
How to take medication: _____	How to take medication: _____
(i.e., by mouth, injection, inhalant, etc.)	(i.e., by mouth, injection, inhalant, etc.)

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Time to be taken _____	Time to be taken _____
How to take medication: _____	How to take medication: _____
(i.e., by mouth, injection, inhalant, etc.)	(i.e., by mouth, injection, inhalant, etc.)

#### Part B Please LIST BELOW ALL OVER THE COUNTER MEDICATIONS (Tylenol, cold meds, etc.) must also be kept with the nurse.

Some of the most common complaints during a camp experience are stomach aches and headaches. The health room will have the following medications available:  ibuprophen (Advil),  Acetaminophen (Tylenol),  liquid and tablet antacids (ex. Maalox), and  Benedryl. If this camper is a minor, a parent/guardian may check a medication from this **List B** paragraph and sign below, giving the nurses permission to dispense these medications to the camper as needed.

SIGNED: \_\_\_\_\_ (Parent or Guardian) Date: \_\_\_\_\_

You may also send your own OTC medications, which will be collected and kept in the health room for use by your child as deemed necessary by the nurses. **Please list all over the counter meds that this camper will be bringing.**

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Circumstance to be taken (as needed for headache, cramps...)	Circumstance to be taken (as needed for headache, cramps...)
_____	_____

Name of medication: _____	Name of medication: _____
Dosage amount _____	Dosage amount _____
Circumstance to be taken (as needed for headache, cramps...)	Circumstance to be taken (as needed for headache, cramps...)
_____	_____