

CAMPER MEDICATION FORM

CAMPER NAME _____ DATE OF BIRTH _____

Dorm _____

Please complete this form if your child takes medication and bring it with you on the first day of camp. All medications must be kept in the clinic. All medications must be brought to camp in the original container and must not be expired. Prescription medication must have the camper's name and doctor's name on the prescription. Dosage will only be given according to the label requirements.

To be completed by the parent							Medication Dispension - To be completed at camp						
MEDICATION	DOSAGE	WHEN DISPENSED * <i>Must be dispensed per prescription.</i>					Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		Morning	Lunch	Dinner	Nighttime	As Needed							
1													
2													
3													
4													
5													
6													

KNOWN ALLERGIES: _____

PARENT COMPLETING FORM: _____