

Camper Medication Form

As parent/guardian (or camper over 18 years of age), I submit the following descriptions and directions for medications I have provided for my child (myself):

Camper's Name _____

For office use only	RX Number	Medication Name and Proper Dosage	Administer:	Other Notes:
A			<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	
B			<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	
C			<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	
D			<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	
E			<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	
F			<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	

Documentation regarding specific days and times the above medications were administered will be recorded in the camp medical log.

State law requires that all medications must be submitted in the original container in which they were purchased. All medications must be clearly marked with the camper's name, prescriptions must be clearly marked with the following information: camper's name, physician's name, prescription number, date prescribed, name of medication and directions for use.

State law requires that all medications (prescription and non-prescription) must be collected and stored in our health center under lock and key. Since we are required to record all cuts, scrapes, bruises, headaches and other health concerns (and treatment given) in our health log, there is no reason to leave any health supplies (medications, aspirin, Band-Aids, vitamins, etc.) in the cabin with your camper. We do keep an adequate supply of routine health supplies (cleansing solutions, sprays, Band-Aids, ibuprofen, etc) in the health center. You may take any unnecessary medications and supplies home or you may bring them to registration for collection and documentation.

We will provide minor over-the-counter medications (such as, but not limited to, ibuprofen, decongestants, and supplies to clean and cover cuts) from our stock in the Heath Center as needed. Any care given or over-the-counter medications dispensed will be recorded in the camp health log. Before any medications over-the-counter medications are dispensed our health center staff check to make sure there is no known allergy or issue with dispensing this product to the camper. Over-the-counter medications are only dispensed as per the label instructions.

I understand the above policy. I also submit the above listed medications to be administered to my child as specified.

Signed _____ Date _____
(Parent/Guardian or Camper over 18 years of age)