

CAMP MEDICATION FORM 2024



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 first and last 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
	<input type="checkbox"/> Prescription Medication <input type="checkbox"/> Over the Counter <input type="checkbox"/> Vitamin <input type="checkbox"/> Taken on routine basis <input type="checkbox"/> Taken as needed <input type="checkbox"/> Epipen <input type="checkbox"/> Inhaler		
Special Instructions (crushed in food / taken with food): 			

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