

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 _____

RX Number:	Medication Name & Proper Dosage:	Administer:	Other Notes:
		<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	
		<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	
		<input type="checkbox"/> B'fast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed <input type="checkbox"/> Only as needed	
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State law requires that all prescription medications 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.

All medications (prescription and non-prescription) must be collected and maintained in our nurse's station. We do keep an adequate supply of routine health supplies (cleansing, sprays, band-aids, ibuprofen, etc) in the nurse's station. We will provide minor over-the-counter medications from our stock as needed.

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)