

Personal Medical Administration Instruction For Prescriptions and OTC Medications

Dear Parents:

Due to the amount of medications received at the camp each session, we are requesting that you provide the staff with complete instructions on your child's specific medical routine. After the check-in process any epi-pens and inhalers that are needed will be given to the camper's family group leader. **NO MEDICATION IS ALLOWED TO BE KEPT IN THE CAMPER CABINS BY THE CAMPER.**

Thank you.

Camper Name: _____ Group# _____
This will be given to you at check-in on Sunday

Name of Medication	Dosage	Time Given (bfast, lunch, dinner, bedtime)	If specific Time	Nurse Initials

Name Of Medication	Dosage	Directions	Nurse Initials

Any medications not collected at check out on Saturday will be disposed of properly, and cannot be mailed back. Again, thank for completing this form. It will help insure that all medications are administered according to your physician's recommendations.

Parent/Guardian Signature _____ Date: _____

Parent Tips

1. Complete this form with all the details of your child's medication prior to arriving
2. Place all of the required medications in their original containers in a zip-lock bag with your child's name printed on it in permanent marker.
3. Present this form and the medications to the camp nurse during check-in.

Forms mailed in advance of child's arrival at camp will be returned.
DO NOT MAIL THIS FORM TO CAMP