

FORM 3: CAMPER MEDICATION DISTRIBUTION and TREATMENT RECORD

WHO NEEDS? Every camper with medications or treatments at camp.

OLYMPIC BIBLE CAMP



CAMPER NAME: _____

BIRTH DATE (month/day/year): _____

1. COMPLETE THIS BOLD BOX. PRINT CLEARLY. Write instructions for each medication (including over-the-counter) or treatment. *EXAMPLES shown in shaded box at bottom.*

2. Use additional forms as needed. 3. Sign.

MEDICATIONS: medication name, strength, dose, time, purpose, instructions

TREATMENTS: treatment name, purpose, time, instructions

I, (print Parent/Guardian name) _____
the Parent/Legal Guardian of (print camper name) _____
 have completed this medication/treatment list to the best of my knowledge and provided the medications and/or supplies for the camp week. I authorize camp medical staff to give the medications and/or treatments as I've instructed. (Total # of pages: _____)
Parent/Guardian signature X _____ **Date** _____

EXAMPLES

ROUTINE MED: Amoxicillin 250 mg one pill twice a day (total of 500 mg a day) for ear infection. Take with food or milk. Last pill should be Wed a.m.

"AS NEEDED" MED: Zyrtec 10 mg one tab a day at bedtime as needed for itchy eyes, runny nose, sneezing (grass allergy). Check with him because he won't tell you when he needs it.

TREATMENT: Infected cut on right forearm. Clean cut and change bandage daily after shower or swimming. See instructions on back.

STAFF USE: Above instructions completed by Camp Medical Staff per: signed Camper Health Form
 ER/Clinic visit _____ *Medical Staff initials:* _____

INITIALS: **PRINTED** CAMP MEDICAL STAFF NAME & CREDENTIALS | **SIGNATURE** CAMP MEDICAL STAFF

THIS SIDE FOR STAFF USE ONLY

TEEN JR STAFF < 18 YRS • REC'D PAGES ____ OF ____

• ALL MEDS REC'D? YES NO: _____

→ ALERT: EMERGENCY MED: nurse camper station
what/why: _____

→ ALERT: WRITTEN PLAN / INFO for: _____

CABIN: _____ CABIN LEADERS: _____

TIMES	SUN	MON	TUE	WED	THU	FRI

MED/TREATMENT HELD? Write "HELD" in time slot above and explain in STAFF NOTES below.

STAFF NOTES: (date / initial notes added after camper check-in)
 Check-in note: _____

Do not write in this space