

Medications

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. Please also include any other counter medicine (Tylenol, Allergy Meds, etc.) **Please bring this form with you on the day of camp.**

Name: _____

Medication:		
Strength:		
Frequency:		
Time to be taken:	AM:	PM:
Reason for medication:		

Medication:		
Strength:		
Frequency:		
Time to be taken:	AM:	PM:
Reason for medication:		

Medication:		
Strength:		
Frequency:		
Time to be taken:	AM:	PM:
Reason for medication:		

All Meds given will be kept track of and initialed by the person giving them.

	AM	PM
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

NOTE: Be sure to bring medications in the appropriate containers, and make sure they are NOT expired, including inhalers and EpiPens.

Parent of Guardian must sign below so that medications may be dispensed by Camp Medication Manager and that your child may be treated by the medical staff at a healthcare facility in case of an accident that requires treatment beyond the camp capabilities.

Signature _____

Date _____