

Medication List

Name on Prescription _____ Name camper goes by _____

Grade:

Cabin (leave blank):

Please list all medications you are sending to camp with your child: prescribed and over the counter medication

Medication Name and strength	Time of administration	Dosage	Reason Given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your child is prone to ear infections, please send with ear drops if you have any.

Does your child have a history of rashes?

Do they have a dermatologist that they regularly see?

Does your child have an EpiPen? If yes, please send it to camp.

Please list anything that you would like us to know that would help us care for your child for the next few weeks. (For example- gets headaches easily, has problems with being homesick, breaks out in hives for any reason, etc.)

*****Please send all prescription and over the counter medication in labeled bottles with child's name on them in a large ziplock bag with this piece of paper inside. Also please write your child's name in sharpie on the outside of the bag.**