



## BRINGING MEDICATIONS TO CAMP

**DURING CAMP:** Make every effort to be reachable by phone in case of an emergency or if your child gets sick.

**BEFORE CAMP:** Complete these 3 steps.

- 1. Update Medical Information in Each Camper's Account No Later than 14 days before the camp start date.** Be sure medications, allergies, and health history are updated.
- 2. All Medications Must Be Entered Prior to Arrival.** Sign into your account [HERE](#). Click on *View Registrations*, then choose the camper you would like to update. Click on *Health Form* to enter or update medications.
- 3. Complete the Camper Medication List on the Following Page.** Place the list, along with the original medication containers, in a ziploc bag. Print the camper's FIRST & LAST name legibly on the bag. Follow the "Packing Medications" instructions below.

### FIRST DAY OF CAMP

**at Camp Check-in:** Give Ziploc bag containing the completed medication list and labeled medication containers to the Camp Nurse. Allow time to stop by the Camp Nurse table to leave medications.

**at Bus Check-in (day & adventure day campers only):** Give Ziploc bag containing the completed medication list and labeled medication containers to the Bus Staff who will give it to the Camp Nurse upon arrival at camp.

### LAST DAY OF CAMP

**at Camp Pick-up:** The Camp Nurse is at The Fortress during check-out to return any unused camper medications.

**at Bus Pick-up (day & adventure day campers only):** Bus Staff return unused medications to parents.

### PACKING MEDICATIONS

Provide enough medication to last the entire time your camper is at camp OR for the length of time the medication should be taken.

**Campers may not keep medication in their backpack — prescribed, over-the-counter, vitamins, essential oils or homeopathics.** All must be checked in with the Camp Nurse.

If an exception is needed, and the medication needs to be readily accessible (ex: inhalers or epi-pen), this needs to be cleared through the Camp Nurse by special request. Once cleared by the Camp Nurse, the medication will be kept with the summer staffer assigned to your camper's group. For safety reasons campers are not allowed to have medications with them at camp.

### PRESCRIBED MEDICATION

**MUST be unexpired and in the original container with a pharmacy label** that has the camper name, prescribing doctor name and directions for use. Do not place medication in medication organizers! Deer Run Camp Nurses need to be sure of the medication he or she is administering to your child.

### OVER-THE-COUNTER MEDICATION OR VITAMINS

**MUST be unexpired and in the original container and clearly labeled** with the camper's FIRST & LAST name.

### ESSENTIAL OILS OR HOMEOPATHICS

**MUST be unexpired and in the original container and clearly labeled** with the camper's FIRST & LAST name. Note, our camp nurses do not dispense these. Campers are responsible for their own personal use of these but will be supervised by the Camp Nurse.

CAMPER NAME \_\_\_\_\_ CAMP DATE \_\_\_\_\_



## CAMPER MEDICATIONS LIST

List all medications this camper will take while at camp. PRINT LEGIBLY. This includes prescribed medications, over-the-counter medications, vitamins, essential oils or homeopathics.

Place this list along with unexpired medications in the original containers inside a Ziploc bag. Write the camper's first and last name legibly on the bag.

Provide enough medication to last the entire time your camper is at camp or for however long the medication should be taken.

**MEDICATION #1** \_\_\_\_\_

Dosage \_\_\_\_\_ Day & Time Last Taken \_\_\_\_\_

Frequency of Dose or Time to Administer \_\_\_\_\_

**MEDICATION #2** \_\_\_\_\_

Dosage \_\_\_\_\_ Day & Time Last Taken \_\_\_\_\_

Frequency of Dose or Time to Administer \_\_\_\_\_

**MEDICATION #3** \_\_\_\_\_

Dosage \_\_\_\_\_ Day & Time Last Taken \_\_\_\_\_

Frequency of Dose or Time to Administer \_\_\_\_\_

**MEDICATION #4** \_\_\_\_\_

Dosage \_\_\_\_\_ Day & Time Last Taken \_\_\_\_\_

Frequency of Dose or Time to Administer \_\_\_\_\_

**MEDICATION #5** \_\_\_\_\_

Dosage \_\_\_\_\_ Day & Time Last Taken \_\_\_\_\_

Frequency of Dose or Time to Administer \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT PARENT NAME** \_\_\_\_\_