

CAMPER NAME _____ DOB _____

CAMP DATE _____ CAMP WEEK _____

DAY CAMP: TEAM NAME _____ BUS # _____ OVERNIGHT CAMP: CABIN NUMBER _____
(To be filled out at check-in)



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. Any medications or empty medicine bottles left at camp after dismissal will be destroyed on the following Tuesday.

ALLERGIES _____

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 _____

(additional space for medications on back)

COMMENTS _____

PARENT SIGNATURE _____ DATE _____

PRINT PARENT NAME _____

MEDICATION RETURNED TO PARENT BY MEDICAL PERSONNEL OR BUS COMMANDER

PARENT SIGNATURE _____ DATE _____

