



Medication Record

Camper's Name _____

Camp Start Date _____

Please select one camp. For your camper's safety, a new form is required for each camp.

Junior Middle School Boys Middle School Girls High School Other: _____

Parents/guardians please complete non-shaded areas for each medication to accompany your camper.

All prescription and non-prescription medication needs to be in its original container. All prescription medication must be prescribed for the camper.

To fill out the form:

- List each medication in a new box. List exact dosage (i.e. milligrams or teaspoons).
- Mark the time of day the medication should be taken.
- List any special comments in comment box.
- Rescue inhalers, Epi-Pens stay with the camper or with the camper's counselor depending on your preference. However, they need to be recorded on this form.

Example:

| Medication | Dosage | X | Time | Comments | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | | |
|------------|------------------|---|-----------|-------------------------------------|--|-----|------|-----|-------|-----|-----|--|--|
| Claritin | 10mg (1 pill) | | Breakfast | Must take 10 minutes before eating. | | | | | | | | | |
| | | | Lunch | | | | | | | | | | |
| | | x | Dinner | | For Office Use Only DO NOT WRITE IN SHADED AREA | | | | | | | | |
| | | | Bedtime | | | | | | | | | | |
| | | | Other | | | | | | | | | | |
| | | | As Needed | | | | | | | | | | |

| Medication | Dosage | X | Time | Comments | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|------------|--------|---|-----------|----------|-----|-----|------|-----|-------|-----|-----|
| | | | Breakfast | | | | | | | | |
| | | | Lunch | | | | | | | | |
| | | | Dinner | | | | | | | | |
| | | | Bedtime | | | | | | | | |
| | | | Other | | | | | | | | |
| | | | As Needed | | | | | | | | |

I hereby give permission for Camp Staff to administer the following medications according to the directions on the label.

Parent/Guardian signature _____ Date _____

| Medication | Dosage | X | Time | Comments | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|------------|--------|---|-----------|----------|-----|-----|------|-----|-------|-----|-----|
| | | | Breakfast | | | | | | | | |
| | | | Lunch | | | | | | | | |
| | | | Dinner | | | | | | | | |
| | | | Bedtime | | | | | | | | |
| | | | Other | | | | | | | | |
| | | | As Needed | | | | | | | | |

| Medication | Dosage | X | Time | Comments | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|------------|--------|---|-----------|----------|-----|-----|------|-----|-------|-----|-----|
| | | | Breakfast | | | | | | | | |
| | | | Lunch | | | | | | | | |
| | | | Dinner | | | | | | | | |
| | | | Bedtime | | | | | | | | |
| | | | Other | | | | | | | | |
| | | | As Needed | | | | | | | | |

| Medication | Dosage | X | Time | Comments | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|------------|--------|---|-----------|----------|-----|-----|------|-----|-------|-----|-----|
| | | | Breakfast | | | | | | | | |
| | | | Lunch | | | | | | | | |
| | | | Dinner | | | | | | | | |
| | | | Bedtime | | | | | | | | |
| | | | Other | | | | | | | | |
| | | | As Needed | | | | | | | | |

| Medication | Dosage | X | Time | Comments | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|------------|--------|---|-----------|----------|-----|-----|------|-----|-------|-----|-----|
| | | | Breakfast | | | | | | | | |
| | | | Lunch | | | | | | | | |
| | | | Dinner | | | | | | | | |
| | | | Bedtime | | | | | | | | |
| | | | Other | | | | | | | | |
| | | | As Needed | | | | | | | | |

I hereby give permission for Camp Staff to administer the medications above according to the directions on the label.

Parent/Guardian signature _____ Date _____