

Medication Form

All medications (including emergency meds, prescriptions, and over-the-counter) MUST be turned in to camp staff. Emergency meds will be held by the counselor, and all other medication will be kept in a locked container.

Per our accreditation standards, we can only administer medication that:

- Follows the prescribed dosage or manufacturer's instructions
- If a prescription, it must be in the child's name
- Is not expired

Child's Name: _____

Birthdate: _____

Medication #1

Name of medication: _____

Reason for medication: _____

How is it administered? Orally Inhalation/Inhaler Topical Other: _____

List each daily dosage (during the camp day):

Emergency or as-needed only

Time: _____ Dosage: _____

Time: _____ Dosage: _____

Time: _____ Dosage: _____

Medication #2

Name of medication: _____

Reason for medication: _____

How is it administered? Orally Inhalation/Inhaler Topical Other: _____

List each daily dosage (during the camp day):

Emergency or as-needed only

Time: _____ Dosage: _____

Time: _____ Dosage: _____

Time: _____ Dosage: _____

Medication #3

Name of medication: _____

Reason for medication: _____

How is it administered? Orally Inhalation/Inhaler Topical Other: _____

List each daily dosage (during the camp day):

Emergency or as-needed only

Time: _____ Dosage: _____

Time: _____ Dosage: _____

Time: _____ Dosage: _____