



MEDICATION DISPENSING FORM for CAMPERS

In order to ensure proper treatment of all campers, we require that all parents/guardians complete this form if their camper is to be given medications during the time that she is at camp.

Medication will be dispensed by the Health Care Supervisor of the camp according to the directions given below. All medication will be maintained in a locked safe place during the time that the camper is attending camp. **ALL MEDICATION MUST BE IN THE ORIGINAL PRESCRIPTION CONTAINER, WITH PRESCRIPTION NUMBER, DATE FILLED, PATIENT'S NAME, DOSAGE AND DOCTOR'S NAME.**

Please print the following information:

CAMPER NAME: _____

MEDICATION TO BE DISPENSED: _____

STRENGTH OF MEDICATION: _____

DOSAGE AND TIME TO BE ADMINISTERED: _____

PERIOD OF TIME TO BE ADMINISTERED: (date) _____ to (date) _____

POSSIBLE SIDE EFFECTS: _____

REASON FOR MEDICATION: _____

PRESCRIBING PHYSICIAN: _____

PHYSICIAN PHONE NUMBER: _____

____ Please check here if camper can self-administer and carry their own inhaler or Epi-Pen (this only applies to the as-needed inhalers)

Signature of Parent/Guardian _____ Date _____