

# CAMPER MEDICATION & TREATMENTS LIST



Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

**Instructions:**

This form is to be filled out prior to the first day of camp, with a digital copy sent to the Camp Program Manager. Preferably, a physical copy will also be printed and brought the first day of camp.

Please list ALL camper medications to be administered by the Summer Camps Team throughout the duration of camp. Please attach additional sheets if needed. Please include any emergency medications, emergency treatments, and any PRN (as needed) or over-the-counter medication(s) or treatment(s). Medication(s) are to arrive at camp pre-dosed in a properly labeled Ziploc bag or the original prescription bottle. This applies to any medication(s), prescription or over-the-counter, vitamins, and supplements, taken by the camper on a daily/nightly basis. All medication(s), whether prescription or over-the-counter, must have a prescription (prescription label) or a note with the camper's name, the name of the medication(s), the dose, the route of administration, and the time of administration. If medication is liquid, please list amount of medication to be administered using liquid volume measurements (ex: mL, fl oz, etc.).

\*Please note, that for safety and consistency reasons, staff may need to re-write this in another document or electronically.

	Medication Name	Dosage per Pill/Tab	Description of Pill/Capsule	Total # of Pills/Tabs per Administration	Total Dosage per Administration	Purpose of Medication	Special Instructions	Specific Times to Administer
Ex.	<i>Fake Medicine</i>	<i>200mg</i>	<i>round pink pill</i>	<i>2</i>	<i>200mg</i>	<i>Mood Stabilizer</i>	<i>Crush/mix with applesauce, take after breakfast &amp; dinner</i>	<i>8:00am, 6:00pm</i>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								