

PERSONAL MEDICAL ADMINISTRATION INSTRUCTION FORM FOR PRESCRIPTION & OTC MEDICATIONS

Dear Parents :

Due to the amount of medications received at the camp each session, we are requesting that you provide the staff with complete instructions on your child's specific medical routine. Other than inhalers and epi-pens NO MEDICATION IS ALLOWED TO BE KEPT IN THE CAMPER CABINS. Thank you.

Camper Name : _____ **Cabin:** _____
(you will know at check in on Sunday)

Medications Taken Each Day

Name of Medication	Dosage	Time of Day to Be Given

Medications Taken Only When Needed

Name of Medication	Dosage	Time of Day to Be Given

Any medications not collected at check out on Friday will be disposed of properly, and cannot be mailed back.

Again, thank you for completing this form. It will help insure that all medications are administered according to your physician's recommendations.

Parent / Guardian Signature

Date

PARENT TIPS

TO SAVE TIME DURING CHECK-IN:

1. Complete this form with all the details of your child's medication prior to arriving.
2. Place all of the required medications in their original containers in a zip-lock bag with your child's name printed on it in permanent marker.
3. Present this form and the medications to the camp manager during check-in.

**FORMS MAILED IN ADVANCE OF YOUR CHILD'S ARRIVAL AT CAMP WILL BE
RETURNED.**

DO NOT MAIL THIS FORM TO THE CAMP
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