

CAMPER MEDICATION LIST

(to be brought to camp with your child's medications on the day of check-in)

- **This form is to accompany your child's medications that are brought to camp. Do not send this form ahead of time.**
- Please place this form in a gallon-sized ziplock/re-sealable baggy with all of your child's medications (prescription and over-the-counter), vitamins, supplements and have it with you at the time of check-in.
- Medications at camp are typically administered at meal times and bedtime; however, we are able to adjust this if specified below.
- The camp has over the counter medications, such as Tylenol/acetaminophen, Ibuprofen/Motrin/Advil, Sudafed/pseudoephedrine, and Benadryl/diphenhydramine available, so it is not necessary to send these medications with your child. To help simplify the check-in process, please do not send these medications to camp with your child.
- If you have more medications than will fit in the chart below, please print a second sheet and write the remainder of medications on the second sheet.
- All medications must be in the original container (prescription and over-the-counter). Your pharmacy may provide you with additional labeled bottles if you request them.

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Camper Name:	Date of birth (mo/day/year): ___ / ___ / ___
Camp program: <small>(Classic Jrs., Rocketry, etc.)</small>	Camp Week # 1 2 3 4 5 6 7 <small>(Circle one)</small>

Check the box if your child has brought the following:

- Rescue inhaler (circle one):** Albuterol/Xopenex _____ puffs every _____ hours as needed
- Anaphylactic treatment (circle one):** Epi-pen 0.3 mg or Epi-pen Jr. 0.15 mg as needed for anaphylactic reaction.

*The allergy/allergies for which the epi-pen has been prescribed: _____

Medication name <u>and</u> # of mg/unit each dose <small>(i.e. Claritin 10 mg tablet or Zyrtec liquid 1mg/ml)</small>	Amount given each time? <small>(i.e. 1 tablet, 2 tablets, or 5 ml)</small>	How many times is it given each day? <small>(Circle one. If as needed: please specify how often it may be given)</small>	Please circle the time(s) of day to be given: <small>B= Breakfast L= Lunch D= Dinner Bed= Bedtime</small>
		1 2 3 4 as needed: _____	B L D Bed Other: _____
		1 2 3 4 as needed: _____	B L D Bed Other: _____
		1 2 3 4 as needed: _____	B L D Bed Other: _____
		1 2 3 4 as needed: _____	B L D Bed Other: _____
		1 2 3 4 as needed: _____	B L D Bed Other: _____
		1 2 3 4 as needed: _____	B L D Bed Other: _____
		1 2 3 4 as needed: _____	B L D Bed Other: _____
		1 2 3 4 as needed: _____	B L D Bed Other: _____

Parent signature _____