

Health and Medication Form

Prescription and over-the-counter medication **MUST** be in the original container.

All prescription and over-the-counter medication **MUST** be turned in to the camp nurse at check in. *Note:*

Campers will be sent home if found with prescription medication in their possession.

Bring a clean, EMPTY pill organizer box to check in. The camp nurse will fill the pill organizer for the week.

Camper's full name (first, last):

Medication	Reason for medication	Amount of dose	Time to give medication (circle)	Special instructions
1.			8:00 a.m. 12:15 p.m. 5:30 p.m. 10:00 p.m. As needed	
2.			8:00 a.m. 12:15 p.m. 5:30 p.m. 10:00 p.m. As needed	
3.			8:00 a.m. 12:15 p.m. 5:30 p.m. 10:00 p.m. As needed	
4.			8:00 a.m. 12:15 p.m. 5:30 p.m. 10:00 p.m. As needed	

Please write down any specific concerns that need to be noted by the camp nurse:

Any circumstances where the medication(s) should not be given:

Please note any food allergies or allergies to medications:

Parent/Guardian Signature:

Date: