

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

Cabin: \_\_\_\_\_

## MEDICATION REGISTRATION FORM

*(Print out this form and bring it with you.)*

Please fill out this form for any medications (Over The Counter (OTC), or prescriptions) supplements or vitamins your child has brought to camp. Please fill out this form as these items **MUST** be turned in at check-in. **NO MEDICATION WILL BE ACCEPTED IF THIS FORM IS NOT FILLED OUT.** The Infirmary staff will then ensure that your child receives their medication/supplements.

**Please NOTE:**

- **ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER.** (If you want to send just enough for the week, make sure it is in the original container.)
- Prescriptions **MUST** have the child’s own name on it and cannot be shared with another family member / camper.
- Rescue inhalers will be labeled and given to their counselor to keep for them. Non-rescue inhalers will be kept in the clinic. These need to be checked in with their medications.
- Please place all medications in the appropriate size zip lock bag with their name on it.

Medication # 1	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 2	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 3	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 4	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 5	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.
Medication # 6	Reason for taking
Dosage:	Times to be given: (8am, 9am, 12 p, 4 p, 6 p, 9p,etc.

I hereby give permission to the nurse and first aid provider selected by the camp director to provide the prescribed medication listed above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_