



Camper Medical Information Sheet

Last Name: _____

Medications must be dropped off & picked up each day by a parent or authorized adult. Any medications left overnight are documented in the Centrally Stored Medication Log. All medications are stored in locked containers & administered by designated camp personnel. Only medications in their original package with prescription label are accepted; OTC medications are only accepted with a Doctor's note.

Camper's Name: _____ DOB: _____ Age: _____

Session(s): _____ Dates: _____ Camp Name: _____

Parent Name(s): _____ Parent Signature: _____

Phones: Parent (A) Home _____ Work _____ Cell _____

Parent (B) Home _____ Work _____ Cell _____

Name of Physician: _____ Phone: _____ Fax: _____

Please repeat the following section as necessary. A coordinator may contact you for additional information.

Medication & Strength _____ Dosage _____

Administration Instructions _____ Storage Instructions _____

Quantity prescribed _____ Quantity sent to camp _____

Date prescribed _____ Expiration Date _____ Permanent ___ Temporary (list dates) _____

Reason for medication _____

Possible side effects (i.e.: reactions to food, dehydration, stress, restrictions on activity) _____

Which, if any, of the above side effects has your child experienced? To what extent? _____

Other important information regarding medication _____

Expected consequences of medication not taken as directed _____

Medication & Strength _____ Dosage _____

Administration Instructions _____ Storage Instructions _____

Quantity prescribed _____ Quantity sent to camp _____

Date prescribed _____ Expiration Date _____ Permanent ___ Temporary (list dates) _____

Reason for medication _____

Possible side effects (i.e.: reactions to food, dehydration, stress, restrictions on activity) _____

Which, if any, of the above side effects has your child experienced? To what extent? _____

Other important information regarding medication _____

Expected consequences of medication not taken as directed _____

PERMISSION TO CARRY MEDICATION – PARENT AUTHORIZATION

Parents may authorize campers to carry & administer his/her medications needed for life-threatening conditions such as epi-pens for anaphylactic reactions & asthma inhalers. Prior approval is needed for other medications to be carried by campers.

By signing below, the parent/ legal guardian acknowledges that the child has been instructed in the purpose, administration and all other pertinent information regarding this medication and has authorized him or her to self-administer as directed.

Printed Name

Signature

Date

By signing below, the camper acknowledges that she/he fully understands the purpose & administration of the above medication.

Camper Signature

Date