

Last Name:	First Name:
Date of Birth:	Session:
Medications Authorized for administration from: 6/16/24 to 8/17/24 Month/Day/Year Month/Day/Year	

Medication to be given **DAILY**

Name of Medication	Dose	B	L	D	N	Exp Date	Taken for

B=Breakfast L=Lunch D=Dinner N=Night (before bed)

Medication to be given **AS NEEDED**

Name of Medication	Dose	Exp Date	Taken for

**We cannot accept expired medication.**Parent/Guardian  
Signature

Date:

**Please DO NOT SEND IN ADVANCE  
ONLY NEEDED IF BRINGING MEDS**

Please bring in a re-sealable zip bag with your camper's name on the outside.

Please list any necessary medications that your camper takes. This is for prescription medication as well as non-prescription medication.

**All medications must be turned in to the Camp Nurse** during our Opening Day screening. This includes prescriptions, vitamins, and over-the-counter medications. These measures are in place to ensure that each camper receives the proper medication at the proper dosage. All unused medications can be picked up on Closing Day.

Please do not discontinue medication while at camp to see how your camper responds at camp without it. In most cases, the results are disappointing.

**Medication must be in original containers and have:**

1. Name of camper
2. Name of medication
3. Complete instructions for use
4. Proper dosage
5. Date it was dispensed
6. Name of prescribing doctor