Prescription Medication Form

Complete only if necessary

Place this form inside a plastic bag with child's name written clearly below. It will be collected on the first day of camp by the counselor and administered, as necessary, by a certified first aid counselor.

Prescription medication must be brought to the camp in the following manner:

1. Each medication should be in its original container with expiration date and dosage. DO NOT SEND LOOSE PILLS.
2. Each medication container is to be placed in a zip-lock bag with the following form. Please use one form for each medication (make copies if necessary). It is important that each medication be in a separate container and placed in a separate bag with a completed form.
3. Campers are NOT allowed to be in personal possession of any medication while at camp. (This does not include inhalers for asthma or special allergic reaction kits.)

Child's Name: _____

Medication and Purpose: _____

Dietary Needs: _____

Allergies: _____

Enclosed medication is to be taken:

- ❑ As needed
- ❑ Taken at specific times

Time(s) Medication is to be Taken	Dosage