CAMP 99 MEDICATION FORM

CAMP 99 has established policies and procedures regarding the administration of medicine during the camp day. Medication includes all prescribed and over-the-counter medication, inhalers and nebulizers. **All prescribed medication MUST have a doctor's note to be administered at CAMP 99.**

For the safety of our campers, ALL MEDICATIONS are to be kept in the CAMP 99 Medical Station and ARE NOT to be kept with the camper or in the camper's bag. Inhalers can be kept with the camper if specified by a doctor's note.

All prescribed medication must be brought to camp in its original container with the pharmacy label still intact and legible. Over-the-counter medication must be in the original container with the camper's name written clearly on the label.

THIS FORM IS TO BE FILLED OUT AND RETURNED TO THE OFFICE WITH THE MEDICATION.

Child's Name:				
Medication:				
☐ Prescription ☐	Non-Prescription • Refrig	geration Required:	☐ YES ☐	NO
If Prescription, Prescriber's Name:			Phone:	
Dosage Amount:	Time to Administer:	a.m	p.m	times/day
Dates for Administration:	From	To	 e	
	mptoms signaling need for ac			ns, reasons to hold
				
I give permission to admini	ster mediation to my child as	stated above.		
	Parent Signature			Date