



## 2010 Medication Form

Please retain this form. Read carefully and return the signed and completed form to the camp director when your child requires PRESCRIPTION MEDICATION during camp hours.

- Examples:
1. Antibiotics for infection
  2. Adderall/Ritalin for ADD, ADHD
  3. Insulin
  4. Albuterol Solution for Nebulizing, or inhaler
  5. Tylenol/ Aspirin

CAMPER'S NAME (PLEASE PRINT): \_\_\_\_\_

AGE: \_\_\_\_\_ yrs      \_\_\_\_\_ mos      DATE OF BIRTH: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATION TO BE GIVEN: \_\_\_\_\_

STUDENT BEING TREATED FOR: \_\_\_\_\_

LAST DOSE: \_\_\_\_\_      TIME TO BE GIVEN: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

I CAN BE REACHED AT: \_\_\_\_\_

NOTE: ALL MEDICATION'S MUST BE DELIVERED TO THE DIRECTOR UPON ARRIVAL TO THE CAMP. IT MUST BE IN THE ORIGINAL CONTAINER WITH THE PHARMACY LABEL INTACT AND CURRENT. WHEN FILLING MEDICATIONS ASK THE PHARMACY FOR A SCHOOL BOTTLE. THIS WILL ELIMINATE TRANSPORTING MEDICATIONS ON A DAILY BASIS.

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I accept full responsibility for notifying the Director of any changes or difficulties that may develop while dispensing this medication. I have provided the above named prescription medication in the original container with the pharmacy label intact. I understand that failure to provide the above may result in the medication not being given until clarification is obtained.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date