MEDICATION/PRESCRIPTION FORM

Each prescription, or over the counter medication, must be sent to the camp in the following manner:

1. Each medication should be in its original container with expiration date and dosage. This includes vitamins, Tylenol, etc. **Do not send loose pills.**
2. Each medication container is to be placed in a zip-lock plastic bag with the following form. Please use one form for each medication (make photocopies if necessary). It is important that each medication be in a separate container and placed in a separate baggie with a completed form.
3. Please remember that minors are NOT allowed to be in personal possession of any medications while in camp. (This does not include inhalers for asthma and allergic reaction kits.)

MEDICATION/PRESCRIPTION FORM

Child's Name: _____, _____
Last First

Medication: _____

Medication is for: _____

The enclosed medication is to be taken:

θ As needed
or
θ Taken at specific times

Time(s) medication is to be taken	Dosage to be taken

Reminder: All medications must be in containers with specific written dispensing instructions.

a) Do not send loose pills
b) Place in a zip-lock plastic bag with minor's name visible on the outside.