

Daily Medication Record

It is our goal to run an efficient, safe health service at camp. We want every child to feel comfortable visiting the Health Center for daily or unexpected needs as they arise. To effectively do our job it's important that we have as many details as possible about the medications your child will bring to camp. It is our desire to limit or eliminate the need for kids to "come get their meds" when they could be having a good time. This is where we need your help.

Please complete this form listing all medications you are sending with your child. Write legibly or type, providing exact information. Include anecdotal information if you feel there are things we should know. It's important that all medications come to camp in prescription bottles only, with label and instructions. We cannot administer unknown pills that come in a non-pharmacy container. The Health Center does stock routine medications, Tylenol, Advil, sore throat lozenges...there is no need to send these with your child. Please feel free to contact the camp office if you have any questions.

Camper Name _____ **Date of Birth** ____/____/____
Camp Session # _____ **Start Date** ____/____/____

Check		Print Legibly or Type				For camp use only							
Must take	Take only as needed	Medication (Complete Name)	Dosage (I.e. mg, units, number of pills or puffs)	Frequency (How many times a day, or a week?)	Special Notes (I.e. must take with food)	Hour	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Parent completing form: _____ Phone number for questions: (____) _____ - _____

Staff Supervising Medications:

Name: _____ Title: _____ Initials: _____
 Name: _____ Title: _____ Initials: _____