



# Zajac Ranch for Children

## Camper Application Form

Applicant Name: \_\_\_\_\_

Session Date: \_\_\_\_\_

### MEDICATION

**Note: All medications administered at camp (including over-the-counter medicines and vitamins) must be written on this form.** Each family should send all medications and any other supplies necessary for their child while at camp. The medical staff will store and administer medications as directed by you. **Please send all medications in their original bottles, properly labelled with your child's name. They must have correct pharmacy labels.**

Drug Name & Strength	Dose	Frequency	Time of Day
<b>Supplemental Nutrition:</b>			

\* Please indicate any special ways to give medications. Include information about medications used to prevent nausea and vomiting and pain management if applicable. We know that medication schedules may change before the summer; please inform us if changes occur.