



FOR CHILDREN

Out here we raise spirits.

Camper Name: _____

Date: _____

Please fill in this form and bring medications to camp.

MEDICATIONS			
ALL medications administered at camp (including over-the-counter medicines and vitamins) must be written on this form. All medications/other supplies necessary for use while at camp will be stored and administered by medical staff as directed by you. Please send all medications in their original bottles, properly labelled with your camper's name. They must have correct pharmacy labels.			
Drug Name and Strength	Dose	Frequency	Time of Day
Supplemental Nutrition			
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 after this form has been submitted.			