CAMPER MEDICATION LIST

(to be brought to camp with your child's medications on the day of check-in)

- **This form is to accompany your child's medications that are brought to camp. Do not send this form ahead of time.**
- **Please place this form in a gallon-sized ziplock/re-sealable baggy with all of your child's medications (prescription and over-the-counter), vitamins, supplements and have it with you at the time of check-in.**
- **Medications at camp are typically administered at meal times and bedtime; however, we are able to adjust this if specified below.**
- **The camp has standing orders from a physician that include Benadryl, Caladryl, antibiotic ointment, Milk of Magnesia, Robitussin, Tylenol, Visine, Acetaminophen, Ibuprofen, Diphenhydramine, Dramamine, Tums, Emetrol, and Hydrocortisone Cream. To help simplify the check-in process, please do not send these medications to camp with your child – we have them.**
- **If your camper requires over-the-counter medications that are not listed above (including vitamins or supplements) they must come in a labeled prescription bottle or with a written and signed order from a licensed physician, dentist, nurse practitioner, physician's assistant, or prescribing pharmacist. We cannot accept prescriptions from chiropractors, nutritionists, homeopathic practitioners, or anyone not included in the Nurse Practice Act regulations. We need a labeled prescription bottle or a written, signed order for every medication that comes to camp, including over-the-counter medications that are not included in the standing orders listed above.**
- **If you have more medications than will fit in the chart below, please print a second sheet and write the remainder of medications on the second sheet.**
- **All medications must be in the original prescription container. Your pharmacy may provide you with additional labeled bottles if you request them.**

----------**FOLD HERE**----------

Camper Name:	**Date of birth (mo/day/year):___ /___ /_____**
Camp program: (Classic Jrs., Rocketry, etc.)	**Camp Week # 1 2 3 4 5 6 7** (Circle one)

Check the box if your child has brought the following:

□ **Rescue inhaler (circle one):** Albuterol/Xopenex _____ puffs every _____ hours as needed

□ **Anaphylactic treatment (circle one):** Epi-pen 0.3 mg or Epi-pen Jr. 0.15 mg as needed for anaphylactic reaction.

***The allergy/allergies for which the epi-pen has been prescribed**: _____

Medication name and # of mg/unit each dose (i.e. Claritin 10 mg tablet or Zyrtec liquid 1mg/ml)	**Amount given each time?** (i.e. 1 tablet, 2 tablets, or 5 ml)	**How many times is it given each day?** (Circle one. If as needed: please specify how often it may be given)	**Please circle the time(s) of day to be given:** **B= Breakfast L= Lunch D= Dinner Bed= Bedtime**
		1 2 3 4 as needed:_____	B L D Bed Other:____
		1 2 3 4 as needed:_____	B L D Bed Other:____
		1 2 3 4 as needed:_____	B L D Bed Other:____
		1 2 3 4 as needed:_____	B L D Bed Other:____
		1 2 3 4 as needed:_____	B L D Bed Other:____
		1 2 3 4 as needed:_____	B L D Bed Other:____
		1 2 3 4 as needed:_____	B L D Bed Other:____
		1 2 3 4 as needed:_____	B L D Bed Other:____

Parent signature_____