

CAMPER MEDICATION ADMINISTRATION

Any camper who needs medication dispensed at camp **MUST** have this form filled out and signed by the prescribing physician before any medication can be administered. Make additional copies of this form if needed for additional medications (ATCP 78.27). Parent/legal guardian must also sign and verify that they will be bringing the medication in the original container with the prescription label and enough to last the duration of the camp.

CAMPER INFORMATION *(please print)*

FIRST NAME:	MIDDLE INIT.:	LAST NAME:	BIRTHDATE (Mo/Day/Yr.): / /	SEX:	PRIMARY PHONE NUMBER: () -
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MEDICATION

This camper will take the following medication(s) while attending camp.

Name of Medication	Amount or Dose Given	Reason for Taking it	When It Is Given	How It Is Given	Adverse Reactions
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			Specific conditions when a physician should be contacted or other special instructions:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			Specific conditions when a physician should be contacted or other special instructions:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			Specific conditions when a physician should be contacted or other special instructions:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			Specific conditions when a physician should be contacted or other special instructions:		

PHYSICIAN SIGNATURE

This medication form is correct and accurately reflects the medication needs of the camper.

Phone: () -
 Fax: () -

Prescribing Physician

Signed & Stamped by Physician

DATE

PARENT/GUARDIAN/LEGAL CUSTODIAN SIGNATURE

Please mark one:

- Camper is able to carry and self-administer emergency medications (ie. Inhaler, epi-pen)
 Camper is **NOT** able to carry and self-administer emergency medications (ie. Inhaler, epi-pen)

The camper will be bringing medications to camp in the original containers with the prescription label and enough to last the duration of the camp.

Parent/Guardian/Legal Custodian

DATE