

# PERSONAL MEDICAL ADMINISTRATION INSTRUCTION FORM FOR PRESCRIPTION MEDICATIONS

Dear Parents :

Due to the amount of medications received at the camp each session, we are requesting that you provide the staff with complete instructions on your child's specific medical routine. Other than inhalers and epi-pens NO MEDICATION IS ALLOWED TO BE KEPT IN THE CAMPER CABINS. Thank you.

**Camper Name :** \_\_\_\_\_ **Cabin:** \_\_\_\_\_  
(you will know at check in on Sunday)

## **Prescription Medications Taken Each Day**

Name of Medication	Dosage	Time of Day to Be Given

## **Prescription Medications Taken Only When Needed**

Name of Medication	Dosage	Time of Day to Be Given

Any medications not collected at check out on Friday will be disposed of properly, and cannot be mailed back.

Again, thank you for completing this form. It will help insure that all medications are administered according to your physician's recommendations.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

### PARENT TIPS

#### TO SAVE TIME DURING CHECK-IN:

1. Complete this form with all the details of your child's medication prior to arriving.
2. Place all of the required medications in their original containers in a zip-lock bag with your child's name printed on it in permanent marker.
3. Present this form and the medications to the camp manager during check-in.

**FORMS MAILED IN ADVANCE OF YOUR CHILD'S ARRIVAL AT CAMP WILL BE  
RETURNED.**

**DO NOT MAIL THIS FORM TO THE CAMP  
THIS FORM MUST BE COMPLETED AND PRESENTED TO THE CAMP MANAGER  
WITH THE MEDICATIONS**