

2018 Camp Medication Form

Camper's Full Name _____

Session Date _____

<input type="checkbox"/> Day Camps	<input type="checkbox"/> Camp Singing Hills	<input type="checkbox"/> Camp Whispering Hills
<input type="checkbox"/> Camp Lakamaga	<input type="checkbox"/> Camp Northwoods	<input type="checkbox"/> Camp Elk River

OVER THE COUNTER MEDICATIONS

Please check all items that we may give your camper if she should need medication while at camp.

- Acetaminophen (such as Tylenol or other non-aspirin pain reliever)
- Ibuprofen (Motrin, Advil)
- Throat Lozenges
- Antihistamine (such as Benadryl)
- Calamine, Caladryl or other anti-itch lotion
- Antibiotic Ointment (such as polysporin or Neosporin)
- Hydrocortisone cream
- Antacid (Tums)

Comments: _____

Note: All medications are given based on your individual child's weight or age as listed in the instructions.

Please fill in the bottom portion for any prescription medications your camper will be bringing to camp

*****All prescriptions MUST be in their original container*****

Medication and Dose:	Reason for Medication:	Times and Days to be given As needed or prescribed times*	Please note if this is a prescription or over the counter medication

*Please note that we can only administer prescription medication according to directions on the label unless we have a signed doctor's note.

Parent/Guardian Signature: _____

Date: _____