

Bring this form and medications with you to camp on Monday.

Camp Metro - Medication Form

Camper Name: _____

All medications at camp must be administered under direction of the camp health supervisor. This includes aspirin, Tylenol, ointments, and vitamins, as well as prescription drugs. If your child is taking medications to camp, they must be in the original container with the original prescription. The medication must be clearly marked with the camper's name and the name of the medication. Each prescribed medication must be listed on this form.

All medications and this form are to be given to the camp staff upon arrival at camp on the first day.

Medication: _____ Taken for: _____ Dosage (amount): _____ How often? _____ <input type="checkbox"/> Give regularly. <input type="checkbox"/> Only when needed. Special Instructions: _____ _____ _____	Medication: _____ Taken for: _____ Dosage (amount): _____ How often? _____ <input type="checkbox"/> Give regularly. <input type="checkbox"/> Only when needed. Special Instructions: _____ _____ _____
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When should staff return the camper's medication(s)?

- Please return my camper's medication(s) at the end of each day.
- Please keep my camper's medication(s) at camp for the whole week and return to me on Friday.

The medications on this sheet are to be administered to my camper as indicated above while at camp.

Parent/Guardian Name – **Print Name**

Parent/Guardian Name - **Signature**

Date: _____