

# ////////// MEDICATION ////////// CARD

## STEP 1

On the back of this card, list all of the medications you are sending with your camper to be given while at camp. Circle the time(s) the medication should be given: at breakfast, lunch, dinner, bedtime, or upon request.

## STEP 2

Make sure that all medications are in their original pharmacy or manufacturer's labeled containers. All prescription medication MUST have the camper's name as the recipient on the prescription bottle. Any sample medication must be accompanied by a signed physician prescription.

\*Please ONLY send the amount of medication that your camper will need (+1 dose) while at camp.

## STEP 3

Sign and place this card in a resealable baggie along with the medications. You will give the baggie to the camp nurse when you check-in.

I have read and understand all the instructions on this card. The information listed on this form is correct and complete. I hereby give permission for the camp nurse to administer the medications as directed.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE



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# MEDICATIONS

NAME: \_\_\_\_\_ Cabin # \_\_\_\_\_  
 Medication Allergies: \_\_\_\_\_ Office Use Only

MEDICATION: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_  
 B  
L  
D  
BED  
REQUEST

MEDICATION: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_  
 B  
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 Special Instructions: \_\_\_\_\_  
 B  
L  
D  
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REQUEST

B = Breakfast L = Lunch D = Dinner  
 BED = Bedtime Request = Only at camper's request

## ATTENTION PARENTS:

A completed Medication Card is required for all prescription medications sent to camp. Please remember that all medications (both prescription and OTC) must be in their original containers. Ensure that this form is completed, signed, and enclosed with your camper's medication in a resealable baggie. See reverse side for complete instructions.

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