

Medication Check-in Form

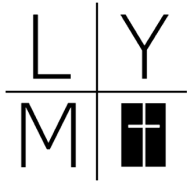
MEDICATION INSTRUCTIONS

If the camper requires daily medication that will need to be provided by staff members at camp, please send ***ONLY*** the amount needed in the original prescription bottle. ***The medication form attached must be filled out and both the prescription bottle and the form need to be placed in a baggy with the camper's name visible.*** If there are any other special instructions that need to be noted that aren't listed on the medication request form, please write those on the request form, i.e. take with food, take with water, take on a full stomach, etc. Please give the bag of medication to the nurse as soon as you arrive at check-in on the day of departure.

IMPORTANT

- Medication cannot and will not be given without proper labels*
- Any dosage change different from the prescription bottle must have a physician note accompanying it*

NO EXCEPTIONS!



Medication Check-in Form

I consent to medical personnel that my child/I, _____ be given this medication as prescribed.

#1 Medication _____ dose _____ at _____

by _____, for _____
(how given) *(reason for medication)*

until _____.
(length of time)

Number of pills at check-in _____ Number of pills at check-out _____

#2 Medication _____ dose _____ at _____

by _____, for _____
(how given) *(reason for medication)*

until _____.
(length of time)

Number of pills at check-in _____ Number of pills at check-out _____

Allergies, major medical conditions or comments:

Parent Signature _____ Date _____
(or signature of camper over 18 years old attending as staff or participating in the Breakthrough Retreat)

Medical Staff Signature (checking camper in) _____