

Medication/Health Information

Prescription and over the counter medication must be in original container. Rx, over the counter meds & essential oils must be turned in to camp nurses at check in. Bring clean, empty pill organizer box to check in. Camp nurses will fill them.

Camper's Full Name (last, first)		Please Circle: One week camp	
		Two week camp	
		Dates:	
	How much	Times (circle)	Why taken (for nurse's info only)
1.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed	
2.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed	
3.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed	
4.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed	
5.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed	
6.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed	
Any specific concerns that need to be noted by nurses...			
Any chronic or long term health problems...			
Any allergies...			
Notes:			

Parent/Guardian Signature:

Date: