

CAMP DORA GOLDING / CAMP DINA MEDICATION FORM

Any medication which needs to be distributed by the camp nurse must be sent in its original prescription bottle together with this sheet enclosed in a ziplock bag.

If more than one medication is being sent, please make the necessary number of copies of this sheet and enclose all the medications and sheets in one large ziplock bag.

1) Name of camper: _____

2) Parent's cell phone number: _____

3) Dates camper will be in camp: _____

4) Name of medication and dosage: _____

5) Number of tablets/capsules to be dispensed at each interval: _____

6) Number of times per day medication is to be dispensed: _____

7) Time(s) of day medication is to be dispensed: Circle all that apply:

wakeup breakfast lunch dinner bedtime other: _____

Check One:

A) _____ I have sent enough medication for my child's entire stay at camp.

B) _____ I have not sent enough medication. I am planning to mail / bring the refills. I will send the refills to the "Health Center" directly, not to my child. I understand that it is my responsibility to refill the medication and to have it arrive at the Health Center before the original prescription is finished.

Parent signature: _____