



# Camper Medication Form

Camper's Name \_\_\_\_\_  
First Middle Last

Male  Female

Birthdate \_\_\_\_\_ Age on arrival at camp \_\_\_\_\_  
Month/Day/Year

**\* Please use additional space on back if necessary.**

**Medication:**

No daily medications  Will take the following prescribed medication(s) while at camp.

**Breakfast**

1. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

3. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

**Lunch**

1. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

3. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

**Dinner**

1. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

3. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

**Bedtime**

1. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

2. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

This medication is used to treat: \_\_\_\_\_

**Over the Counter Medication Release**

\*The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury.

Please cross out those items that should **NOT** be given.

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Pseudoephedrine (Sudafed)
- Diphenhydramine (Benadryl)
- Generic cough drops
- Bismuth subsalicylate (Pepto-Bismol)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Cough medication
- Calamine lotion
- Aloe
- Tums

I, \_\_\_\_\_  
Guardian Name

hereby give permission to Camp Daybreak to administer all medications (prescribed and over the counter) outlined in this list to

\_\_\_\_\_  
Camper Name

I also understand that it is my responsibility to provide Camp Daybreak with adequate medication to meet the dosage prescribed for the entirety of the session.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date