

IdRaHaJe

2017 MEDICATION

FORM (Due 1 week before camp)

Camper Name: _____

Camp & Week Attending: _____

You may also bring this form or a copy with you to check in.

This form must accompany all prescriptions, OTC medications, and vitamins in their original container and must include the signature of the child's doctor.

NOTES:	CAMP MEDICAL STAFF SIGNATURE:
	X
DOCTOR MUST LIST ALL MEDICATIONS BELOW, INCLUDING OTC, VITAMINS, HERBS, HOMEOPATHICS, ETC.	

LIST Rx: <i>eg. Clarinex D tab</i>	↓ CAMP PERSONNEL ↓		SUN	MON	TUE	WED	THU	FRI
Med:		8am						
Dosage:		12pm						
Start Date: End Date:		6pm						
To Treat What?		9pm						
Contra indications:								
PRESCRIBING DOCTOR'S SIGNATURE:								
x		Date	Phone ()					
Printed Name	Address	City	State	Zip				

LIST Rx: <i>eg. Clarinex D tab</i>	↓ CAMP PERSONNEL ↓		SUN	MON	TUE	WED	THU	FRI
Med:		8am						
Dosage:		12pm						
Start Date: End Date:		6pm						
To Treat What?		9pm						
Contra indications:								
PRESCRIBING DOCTOR'S SIGNATURE:								
x		Date	Phone ()					
Printed Name	Address	City	State	Zip				

LIST Rx: <i>eg. Clarinex D tab</i>	↓ CAMP PERSONNEL ↓		SUN	MON	TUE	WED	THU	FRI
Med:		8am						
Dosage:		12pm						
Start Date: End Date:		6pm						
To Treat What?		9pm						
Contra indications:								
PRESCRIBING DOCTOR'S SIGNATURE:								
x		Date	Phone ()					
Printed Name	Address	City	State	Zip				

Please use additional forms if necessary.