

IdRaHaJe

2019 MEDICATION

FORM (Due 1 week before camp)

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

REFRESH RETREAT

Camper Name: _____

Dates Attending: _____

This form must accompany all prescriptions, OTC medications, essential oils, 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, ESSENTIAL OILS, ETC.	

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

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Please use additional forms if necessary.