

IdRaHaJe MEDICATION FORM

(Due 1 week before camp)

You may bring a copy with you to check in.

Camper Name: _____
 Camp & Week Attending: _____
 Year: _____

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

Parent/Guardian Printed Name

Signature

Date

NOTES:

CAMP MEDICAL STAFF SIGNATURE:

X

DOCTOR MUST LIST ALL MEDICATIONS BELOW, INCLUDING: **PRESCR., OTC, VITAMINS, ETC.**

LIST Rx: <i>eg. Clarinex D tab</i>	↓ CAMP PERSONNEL ↓	SUN	MON	TUE	WED	THU	FRI	
Med:								
Dosage/Route:		8am						
Time:		12pm						
To Treat What?		6pm						
Contraindications:	9pm							

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PRESCRIBING DOCTOR'S SIGNATURE:

X _____ Date _____ Phone () _____
 Printed Name _____ Address _____ City _____ State _____ Zip _____

Please use additional forms if necessary.