

# IdRaHaJe MEDICATION FORM

(Due 1 week before camp)

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

# WINTER CAMP

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

Dates Attending: \_\_\_\_\_

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

|   |                                      |
|---|--------------------------------------|
| <b>NOTES:</b>   | <b>CAMP MEDICAL STAFF SIGNATURE:</b> |
|   | X                                    |
| <b>DOCTOR MUST LIST ALL MEDICATIONS BELOW, INCLUDING OTC, VITAMINS, HERBS, HOMEOPATHICS, ESSENTIAL OILS, ETC.</b> |                                      |

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

|   |                          |      |              |     |     |
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| x   |                          | Date | Phone (    ) |     |     |
| Printed Name                              | Address                  | City | State        | Zip |     |

**Please use additional forms if necessary.**