

IdRaHaJe MEDICATION FORM (Due 1 week before camp)

IdRaHaJe Office Use:
Camp Session & Week _____
Year _____

Camper Name: _____
Date of Birth: _____

This form must accompany all prescriptions, OTC medications, homeopathic remedies, essential oils and vitamins in their **original container and box** 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: Time:		8am						
To Treat What?		12pm						
Contraindications:		6pm						
	Bedtime							

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Prescribing Doctor's Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Address: _____