

Prescription and Over-the-Counter Medication Form

Fill out this form for all prescription and over-the-counter medications brought to camp.

All medicines must be brought in their original bottles.

If you are bringing more than 3 medications, photocopy this form. Write each medication in a separate section.

Medication #1 (All medicines must be in their original bottles.)

1. Camper Name _____
2. Name of Medication _____
3. Dosage _____
4. Route _____
5. Frequency _____
6. Duration _____
7. Instruction _____
8. Conditions when physician should be contacted _____

Physician's Signature _____

Date _____

Physician's Phone Number _____

(Physician's signature required for prescriptions.)

Medication #2 (All medicines must be in their original bottles.)

1. Camper Name _____
2. Name of Medication _____
3. Dosage _____
4. Route _____
5. Frequency _____
6. Duration _____
7. Instruction _____
8. Conditions when physician should be contacted _____

Physician's Signature _____

Date _____

Physician's Phone Number _____

(Physician's signature for prescriptions.)

Medication #3 (All medicines must be in their original bottles.)

1. Camper Name _____
2. Name of Medication _____
3. Dosage _____
4. Route _____
5. Frequency _____
6. Duration _____
7. Instruction _____
8. Conditions when physician should be contacted _____

Physician's Signature _____

Date _____

Physician's Phone Number _____

(Physician's signature required for prescriptions.)