

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 _____
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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 _____
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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 _____