

Last Initial: \_\_\_\_\_

Grade: \_\_\_\_\_

## MEDICATION FORM

The ISC Summer Day Camp has established policies and procedures regarding the administration of medicine during the camp day. Medication includes all prescribed and over-the-counter medication.

**For the safety of all of our campers, ALL medications are to be kept in the Camp Triage and are not to be kept with campers or in the camper's bag.**

All medication must be brought to camp in its original container. Pharmacy labels are required for all prescription medications. Non-prescription medications should be sent in original containers with the camper's name clearly written on it.

**\*\*Please fill out this form in its entirety and return it to the check-in table with the medication\*\***

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**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time(s) to be Given:** \_\_\_\_\_

**Cautionary Information/Adverse Reactions:** \_\_\_\_\_

\_\_\_\_\_

**\*\*Please note: Any medication that is not claimed within three working days after the camper's last day of camp will be discarded.\*\***

**Date:** \_\_\_\_\_ **Parent/Guardian's Signature:** \_\_\_\_\_

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***Health Director:***

Date: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Given: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Given: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Given: \_\_\_\_\_ Initials: \_\_\_\_\_

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Date: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Given: \_\_\_\_\_ Initials: \_\_\_\_\_