

Medication Form

Camper's Name _____ Session _____

Please complete this form prior to coming to camp. Bring it with you to check in. If you have multiple medications please put them together in a **zip lock bag** with your child's name on the outside of it.

Prescription Medications

Type of Medication (Name should be the same on the medication container)	Time of Day (Breakfast, Lunch, Dinner, Bedtime, or specific time)	Dosage (mg / 1 tab / 1/2 tab) This should be the same on the medication container

PRN Medication (taken only as needed)

Type of Medication (Name should be the same on the medication container)	Time of Day (Breakfast, Lunch, Dinner, Bedtime, or specific time)	Dosage (mg / 1 tab / 1/2 tab) This should be the same on the medication container

Over the Counter Medications (Permission Letter)

I, _____, hereby give permission for Camp Kekoka staff to administer over-the-counter medications to my child if they deem it necessary. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise. These medications may include, but are not limited to:

- | | | |
|-------------------------|---------------------------|----------|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) | Tums |
| Benadryl | Imodium AD | Claritin |
| Sudafed PE | Generic Cough Drops | Aloe |
| Pepto-Bismol | Ex-Lax | |

Exceptions (not to be given) _____

Signature _____ Date _____