**Camp Caroline**

# Medication Intake Form

**Parent/Guardian Signature** **Date**

To ensure the safe administration of medications during camp, please complete this form in full for each medication your camper requires **BEFORE** arriving on site.

- All pill-form prescription medications MUST be in Pharmacy Labeled Blister pack(s).
- Routinely taken over-the-counter medications (not PRN) or supplements MUST be provided in their Original Labelled Container.
- Please provide accurate information regarding dosage, administration times, and any other special instructions.
- Routinely taken medications can only be administered at our four designated medication times.
- Over the Counter "Just in case" medications that are stocked by the camp will not be accepted.
- Rescue Medications (e.g. Inhalers, Epi-pens, Prescription Ointments) are the only "just in case" medications accepted at camp. Pharmacy Label is required on prescription meds.
- **Incomplete or late forms may delay the administration of medication at camp.**

## Camper Information

| Camper's Name: | Camp Week: | Allergies: |
|---|---|---|
| | | |

**In the tables below for each medication, check the boxes for when the medication is supposed to be administered.**

| Medication + Dose | Time of Day | SUN | MON | TUES | WED | THUR | FRI |
|---|---|---|---|---|---|---|---|
| | Breakfast | | | | | | |
| | Lunch | | | | | | |
| | Supper | | | | | | |
| | Bedtime | | | | | | |
| | As Needed | | | | | | |

**See Back For More**

| Medication + Dose | Time of Day | SUN | MON | TUES | WED | THUR | FRI |
|---|---|---|---|---|---|---|---|
| | Breakfast | | | | | | |
| | Lunch | | | | | | |
| | Supper | | | | | | |
| | Bedtime | | | | | | |
| | As Needed | | | | | | |

| Medication + Dose | Time of Day | SUN | MON | TUES | WED | THUR | FRI |
|---|---|---|---|---|---|---|---|
| | Breakfast | | | | | | |
| | Lunch | | | | | | |
| | Supper | | | | | | |
| | Bedtime | | | | | | |
| | As Needed | | | | | | |

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|---|---|---|---|---|---|---|---|
| | Breakfast | | | | | | |
| | Lunch | | | | | | |
| | Supper | | | | | | |
| | Bedtime | | | | | | |
| | As Needed | | | | | | |

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|---|---|---|---|---|---|---|---|
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| | Lunch | | | | | | |
| | Supper | | | | | | |
| | Bedtime | | | | | | |
| | As Needed | | | | | | |

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|---|---|---|---|---|---|---|---|
| | Breakfast | | | | | | |
| | Lunch | | | | | | |
| | Supper | | | | | | |
| | Bedtime | | | | | | |
| | As Needed | | | | | | |