Female/Male	Camp Group #:	Cabin:		
Timing: AM/ Lunch/ PM/ Other				

Administering Medications at Camp

Directions :			
☐ Complete this form fo	r EACH medication you a	re sending to camp	
 Gallon Ziploch 	long with your child's med R Bag should have the follow should be in separate bags	wing information. All A	M, Afternoon,
information:	1 C		C
	t Name		
	Campus	Rachel Ross	Frachel Ross
	ntion Name f Day Med is given: AM,	Dramamine	The Chapel Tylenol
	oon, PM		Am
☐ Bring Ziplock bag (s)	with completed form(s) of camp and give to camp		
Each camp group leader(s) w home. Your child may also be to go home from camp, especimedication.	given their medication to	put in their bag before ge	etting on the bus
Child's Name:	Gender:	M F Date of Birth	ı:
Campus your Child Attende	s (circle): Pickerington/ Th	ne Chapel/ Jefferson/ Up	per Arlington
Name of Medication			
Medication Strength			
Dosage to be given			
Time of Day med is given (please note if multiple times a day)			
How is medication taken (water, food, etc.)			
Please write any additional notes	s you would like to communic	cate to the camp nurse:	
Parent/Guardian Signature		Date	