

Medication Instructions Form for Campers

Please read thoroughly

For the safety of everyone at camp, we must be aware of all medications being taken by all participants at Camp Takoda and/or Pathfinder. **All campers will be required to turn their medication in to our Nurse.**

Medications turned in will be administered by an RN or LPN as prescribed for the camper. We must have a signed copy of this form on file for every camper, even those who do not take medications.

Please bring all medications in the original Pharmacy labeled bottles or Pre-Package by Name / Time / Dosage. All medications, topical, vitamins, etc. will be given to the camp nurse at check-in.

Over-the-counter medication such as Tylenol or Ibuprofen will be available thru the nurse. Any over-the counter medication you bring to camp must be in the original manufactured containers. Do not mix medication into one bottle! Please include what you bring in the medication list below.

This form must be filled out completely and signed by the camper and parent/guardian (if camper is under 18 or cannot sign for self). If you do not take medication, state NONE and sign the form and turn it into the med team on opening day. DO NOT MAIL THIS FORM BACK. **You must bring this form with you to camp.**

Name: _____ Birthdate: _____

Emergency Contact: _____ Phone: _____

2nd Emergency Contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Name of Medication	Dose	Time of Day	Time of Day	Special Instructions (Put in applesauce, ect)

We must have a written Physician's orders to administer injectable medications. Attach the orders to this form!

History of chronic medical issues (diabetes, asthma, high blood pressure, autonomic dysreflexia, etc.):

Drug or food allergies (medication, food, insect bites, etc.):

To the best of my knowledge, the above information is accurate and complete. In the event that I or other listed emergency contacts cannot be reached; I give permission to Autism McLean and Easter Seals Timber Pointe Outdoor Center for emergency transportation, X-rays, tests, and to secure proper treatment.

I give permission for the camp nurse to administer over-the-counter medication as deemed necessary. Please note in the allergy area if your child cannot have an over the counter medication.

I understand I am responsible for any costs of medical care that cannot be provided at camp.

Signature: _____ Date: _____
(parent/guardian must sign for anyone under age 18 or for anyone who cannot sign for themselves)

Signature: _____ Date: _____