Medical Check-In

Staff to complete

Cabin: _____

Counselors: _____ / _____

Camper's Name: _____

Name of Medication(s): (use back if needed)

Dose and Times to be Given:

Other information: All medications, including as needed medications, are to be given by medical staff and must be separated into small baggies clearly labeled by day and time, name of medication, any additional instructions needed and camper's name. (*Ex. Sally Jones, Monday breakfast, Zyrtec, must be taken with food*).

If more than one medication needs to be administered at the same time, all medicine needs to be in the same small bag. **ONLY ONE SMALL BAGGIE PER DOSE, PLEASE!**

All small daily medications baggies need to be combined into one larger baggie labeled with camper's name and this form.

DO NOT SEND ANY MEDICATION IN BOTTLES (exception: liquid meds). ALL MEDICATIONS MUST BE DIVIDED INTO THESE SMALL BAGS BY DOSE AND COMBINED INTO ONE LARGE BAG AND CLEARLY LABELED!!

_____ _____

Parent's Signature Date