

MEDICATION FORM

This form must be signed by the prescribing physician or be accompanied by the prescription/proof of prescription (label on the prescription bottle).

ALL prescribed medications that are declared at check-in must be handed into Camp

Health director to be administered during camp.

**The only exceptions declared by the NYS Dept. of Health are asthma inhalers or Epi-pens.

Camper Name: Date of Birth: _____

Medication Dosage:

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Route of administration:

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Times to administer:

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Special considerations:

All medications must be in the original packaging with medication, dosage, and expiration date clearly visible on packaging.

*****This form must be completed for each and every medication that needs to be administered at camp.*****

Parent's signature: _____ Date: _____

Physician's Signature: _____

If a prescription script/proof of prescription is not provided