



## Glen Helen Winter Break Camp Medication Administration Form

If your child is coming to camp with any medication, vitamins or supplements, this form must be completed in full.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Camp(s) \_\_\_\_\_ Week #(s) \_\_\_\_\_

### Guidelines

- All prescription medications will be given as directed on the original package/container. If there are any dosage or schedule adjustments, differing from original prescription, you must bring signed documentation from your physician.
- **A physician's signature is also required for all non-prescription medications that are to be administered at a different dosage or schedule than recommended by the drug manufacturer.**
- Medications must be in their original containers with the child's name, dosage and schedule listed.
- Bring medications in a clear zip lock bag clearly labeled with your child's name and camp.
- Medication can be dispensed five times during each day: 8:00 am, 12:00 pm, 3:20 pm, 6:00 pm, and 9:00 pm.
- **If your camper's medication dosage must be specific to a non-listed time or they are attending a Night Camp, please discuss the dosage schedule with a staff member on registration day.**

**Please list all prescription and non-prescription medications being brought to Glen Helen (continues on back):**

1. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage and dispensing times: \_\_\_\_\_  
\_\_\_\_\_

2. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage and dispensing times: \_\_\_\_\_  
\_\_\_\_\_

3. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage and dispensing times: \_\_\_\_\_  
\_\_\_\_\_

4. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage and dispensing times: \_\_\_\_\_  
\_\_\_\_\_

5. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage and dispensing times: \_\_\_\_\_  
\_\_\_\_\_

6. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage and dispensing times: \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Camp(s) \_\_\_\_\_ Week #(s) \_\_\_\_\_

7. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage and dispensing times: \_\_\_\_\_  
\_\_\_\_\_

8. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage and dispensing times: \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**For Prescribing Physician (Complete only if needed)**

I have approved the above information regarding prescription medications changes or non-prescription medications with dosage variations.

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_