

Additional Medication Form

Camper Name : _____ Nickname: _____

Medications: Will Camper be taking medications while at camp? ☐ Yes ☐ No

(medications include prescription, over-the counter, vitamins, inhalers, etc)

Please list all medications (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions.

Medication _____ **Dosage** _____ **Taken:** ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed Time ☐ As Needed

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ **Dosage** _____ **Taken:** ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed Time ☐ As Needed

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ **Dosage** _____ **Taken:** ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed Time ☐ As Needed

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ **Dosage** _____ **Taken:** ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed Time ☐ As Needed

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ **Dosage** _____ **Taken:** ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed Time ☐ As Needed

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ **Dosage** _____ **Taken:** ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed Time ☐ As Needed

Reason for Taking _____

Prescribing Physician _____ Phone _____

Medication _____ **Dosage** _____ **Taken:** ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bed Time ☐ As Needed

Reason for Taking _____

Prescribing Physician _____ Phone _____

I agree for the camper to be given the medicines listed above in the manner they are prescribed and/or directed. I also agree for the camper to receive over-the-counter medications (i.e. Tylenol, Pepto Bismol, etc.) according to label directions, and to receive minor first aid from the Bethel Staff.

I agree to the above:

Signature of Parent or Guardian _____ Date _____