

MY Child's/KAMPER'S MEDICATIONS

STEP 01 List all medications you are sending for your Child/Kamper to be given while at Kamp and circle the time in which it is prescribed or normally taken at home. At Kamp, medication is given prior to meals and at bedtime.

STEP 02 Ensure that all medications are in their original pharmacy or manufacturer's labeled container. All prescription medication **MUST** have your child's/ Kamper's name as the recipient on the prescription bottle. Any samples must be accompanied by a signed physician prescription. **** Please send ONLY the number of medications that your Child/Kamper will need +1 while at Kamp.**

STEP 03 Sign and place this card in a re-sealable ziploc bag with the medications and give to your child's/kamper's group leader.

I have read and understand all the instructions on this card. The information on this form is correct and complete. I hereby give permission for the KAA Kamp Nurse to administer the medications as directed.

Parent/Guardian Signature

Date

MEDICATIONS

Group Name: _____

Kamper Name: _____

Kamp _____

Medication Allergies: _____

Circle the time(s) of day medication is to be taken

MEDICATION:	B L
Special Instructions:	D HS Request
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Special Instructions:	D HS Request

Please note all medications must be in their original container. Please read complete instructions and sign on the reverse side

B=Breakfast L=Lunch D=Dinner

HS=Bed Time

Request=Only at Kamper's Request

ATTENTION PARENTS:

A completed Medication Card is required for all prescription medication sent to Kamp. Please ensure that this form is completed, signed, and given to those bringing your child to KAA.