



CAMPER MEDICATION INFORMATION FORM

Please use one form per camper per session. Thank you.

Medications must be dropped off & picked up each day by the parent or authorized adult. Any medications to be left overnight must be documented in the Centrally Stored Medications Log book.

| | | |
|---|-------------------------------|-------------------------|
| Camper's Name _____ | Age: _____ | |
| Session: _____ | Dates: _____ | Camp Name: _____ |
| Name of Parent(s)/Guardian(s) _____ | | |
| Phones: Home () _____ | Work () _____ | Cell: () _____ |
| Signature of Parent/ Guardian: _____ | | |
| Physician's Name _____ | Office Phone () _____ | Fax: _____ |

Please repeat the following section as necessary depending on how many medications your child is currently taking. Day Camp Coordinator may contact you to gather further information on the medication(s).

| | |
|--|---------------------------------|
| Medication & Strength _____ | Dosage _____ |
| Administration Instructions (time of day/ administration accompaniments): _____ | |
| Storage Instructions _____ | |
| Will this medication be centrally stored at the Kroc Center Day Camp for the duration of the session? Yes__ No__ | |
| Total Quantity Needed _____ | Quantity Sent to Camp _____ |
| Date Medication started? _____ | Temporary _____ Permanent _____ |
| Reason for Medication: _____ | |
| Possible Side Effects: (reactions to food, dehydration, stress, iodine, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____ | |
| Which, if any, of the above side effects has your child experienced? To what severity? _____ | |
| Other important information about medication: _____ | |
| Expected consequence if medicine is not taken as directed _____ | |

| | |
|--|---------------------------------|
| Medication & Strength _____ | Dosage _____ |
| Administration Instructions (time of day/ administration accompaniments): _____ | |
| Storage Instructions _____ | |
| Will this medication be centrally stored at the Kroc Center Day Camp for the duration of the session? Yes__ No__ | |
| Total Quantity Needed _____ | Quantity Sent to Camp _____ |
| Date Medication started? _____ | Temporary _____ Permanent _____ |
| Reason for Medication: _____ | |
| Possible Side Effects: (reactions to food, dehydration, stress, iodine, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____ | |
| Which, if any, of the above side effects has your child experienced? To what severity? _____ | |
| Other important information about medication: _____ | |
| Expected consequences if medication is not taken as directed: _____ | |