Year _____

MEDICATIONS RECORD

Name _____ Session _____Cabin#____Allergies:_____

Last Name, First Name *ie.:Drug/Severe Food Allergy/Anaphylactic Reaction*

Date →

Circle administration time(s) *	Hr.																												
Medications (Name, dose, frequency)	B																												
	L																												
	D																												
	HS																												
	B																												
	L																												
	D																												
	HS																												
	B																												
	L																												
	D																												
	HS																												
	B																												
	L																												
	D																												
	HS																												

**B-After Breakfast L- After Lunch D- After Dinner HS-At bedtime(after evening program)*

Please fill out this card for each camper and bring it to the nurses with the medication on opening day. If your camper takes an over the counter medication that is listed on the Health Center document on an as-needed basis, there is no need to bring the medication. We will supply it.

Instructions for Parents completing form prior to opening day:

1. Write legibly in black or blue ink. Fill in year, camper name (as listed on prescription), Session and any allergies. We will fill in the cabin when she gets to camp.
2. For each medication, in the large left hand column, list the medication name, dose and frequency: i.e. Zyrtec, 10 mg. Daily.
3. Circle the time when that medication should be given.

Important: Make sure that this card matches the prescription/dosage information on the medication and that you write your camper's name in Sharpie on each container.