

Camper's Name:

Allergies:

Camper DOB:

Medical Conditions:

Camp Week:

Emergency Contact #:

Nurse Printed Name	Initials

Reminders:

1. Please place medications in a ziploc bag clearly labelled with the campers full name written on the outside in permanent marker
2. Medications **must** be in the original container (no pills in bags or daily dispensers/dosettes)
3. Please provide us with only 6-7 days supply of medication
4. Camp stocks common OTC medications such as Ibuprofen/Advil and Acetaminophen/Tylenol that can be provided
5. Please send an inhaler if your child has asthma. Send a non-expired Epi-pen if your child has a history of severe allergic reactions

[illegible]

I hereby grant permission to camp medical staff to administer these medications to my child:

Parent/Guardian Name: _____

Signature:

Date: _____

