



# Medication Information Form

**Complete this form and bring it with you to camp.**

This form is used to dispense your camper's medications. It must accompany the medications, be legible, and give clear directions for dispensing each medication. Directions on the label must match the written directions below. Please take time to prepare before you arrive at check-in. Do not mail in advance. Place this form and all medication in its original container (including vitamins), in a zip lock bag and bring to check-in. **NO loose pills or powders.** Check all medications in with staff at check-in.

Camper's Name: \_\_\_\_\_

*Please provide us with complete information for all medications you are sending to camp.*

| Medication | Dosage | Frequency<br>(B, L, D, BT, PRN)** | Condition for which<br>medication is prescribed |
|------------|--------|-----------------------------------|---|
|            |        |                                   |   |
|            |        |                                   |   |
|            |        |                                   |   |
|            |        |                                   |   |
|            |        |                                   |   |

**\*\*B=Breakfast, L=Lunch, D=Dinner, BT=Bedtime, PRN=As Needed**

## INHALER

My camper has an **inhaler**     YES    NO

My camper's inhaler:  Must stay with camper    Can be left with the Camp Medic

## EPI PEN

My camper has an **epi pen**     YES    NO

My camper's epi pen:  Must stay with camper    Can be left with the Camp Medic

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**Thank you!**

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