



Please complete this form for EVERY medication (prescription and over-the-counter) that is brought by your camper.

Please remember, we do not know your child's medications like you do, so we need you to be very specific when completing this form:

- All medications should be in the original containers, labeled with your camper's complete first and last name (no initials please)
- The name of the medication listed on this sheet **MUST** match the medication name on the bottle
- Your child is not to have **ANY** medications with them (this includes medicinal creams and sprays like Neosporin and cortisone cream) – some exceptions are made for campers who self-carry inhalers for asthma, epi-pens for allergies, or diabetic supplies; however, these must be cleared and noted at the medication table during check-in
- Campers should keep bug spray and sunscreen with them so it can be used throughout the day

Form instructions for campers with medications:

1. Parent/Guardian completes the shaded area at the bottom of this form (if we have your permission to administer the OTC meds indicated)
2. Fill out the back with each medication your camper BROUGHT
3. Parent signs the form and goes to the medication table to complete medication check-in.
4. Please have all medications ready so our staff can go over each medication with you to ensure we understand your camper's needs.

Form instructions for campers with no medications:

1. Parent/Guardian completes the shaded area at the bottom of this form (if we have your permission to administer the OTC meds indicated)
2. If camper brought no medications, parent checks the box at the bottom left of the form
3. Parent signs the form and turns it in at the first check-in table

Please indicate which over the counter medications your camper is **ALLOWED** to have (if needed) while at Camp Cale by initialing to the left of each allowed medication. These medications will be administered according to package directions.

_____ Naproxen (i.e. Aleve)	_____ Anti-itch cream/gel (i.e. hydrocortisone)	_____ Sunscreen
_____ Ibuprofen (i.e. Advil, Motrin)	_____ Vitamin A & D Ointment	_____ Bug Spray
_____ Acetaminophen (i.e. Tylenol)	_____ Diphenhydramine (i.e. Benadryl – cream, pill, or liquid)	_____ Antibiotic Cream (i.e. Neosporin)
	_____ Stomach Relief (i.e. Tums, Pepto-Bismol – liquid or pill)	

- My camper did not bring any medications, prescription or over-the-counter

CAMPER NAME: _____ Parent/Guardian Signature: _____

CAMPER MEDICATION FORM
Parents/Guardians complete shaded portions only

Please complete this form for EVERY medication (prescription and over-the-counter) that is brought by your camper.

MEDICATION NAME:				DESCRIPTION:									
DOSAGE:				REASON:									
DAYS/TIME	(circle)	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS
BFAST	↓ Staff Use												
LUNCH													
PRN													

MEDICATION NAME:				DESCRIPTION:									
DOSAGE:				REASON:									
DAYS/TIME	(circle)	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS
BFAST	↓ Staff Use												
LUNCH													
PRN													

MEDICATION NAME:				DESCRIPTION:									
DOSAGE:				REASON:									
DAYS/TIME	(circle)	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS
BFAST	↓ Staff Use												
LUNCH													
PRN													

CAMPER NAME: _____ Parent/Guardian Signature: _____