

# MY Child's/CAMPER'S MEDICATIONS

## Only Complete this form if the child has prescription Medications

**STEP #1** List all medications you are sending for your Child/Camper to be given while at Camp and circle the time in which it is prescribed or normally taken at home. At Camp, medication is given prior to meals and at bedtime.

**STEP #2** Ensure that all medications are in their original pharmacy or manufacturer's labeled container. All prescription medication MUST have your Child's/Camper's name as the recipient on the prescription bottle. Any samples must be accompanied by a signed physician prescription. **\*\* Please send ONLY the number of medications that your Child/Camper will need +1 while at Kamp.**

**STEP #3** Epi-pens and Inhalers must remain with the child. Do Not include them in the medication bags.

**STEP #4** Sign and place this card in a re-sealable Ziploc bag with the medications and give it to your child's/camper's group leader.

**STEP #5** Leader, divide the medication bags ahead of time into those with changes and those which are the same as what is listed online. This will speed up the check-in process Opening Day.

**STEP #6** If possible, have at least two people to check in meds, one with the changed meds and one with those meds which remained the same.

**STEP #7** Make sure this form is signed by the parent before you board your transportation.

***I have read and understand all the instructions on this card. The information on this form is correct and complete. I hereby give permission for the KAA Camp Nurse to administer the medications as directed.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDICATIONS

Group Name: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Camp \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

**Circle the time(s) of day medication is to be taken**

MEDICATION:	B L
Special Instructions:	D HS Request
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**B=Breakfast L=Lunch D=Dinner**

**HS=Bed Time**

**Request=Only at Camper's Request**

## ATTENTION PARENTS:

**A completed Medication Card is required for all prescription medication sent to Camp. Please ensure that this form is completed, signed, and given to those bringing your child to KAA.**