

## **Medication Protocol for Student Camp**

- ANY prescription or routine over-the-counter (OTC) medication(s) will be given to the Camp Nurse PRIOR to camp and they will be dispensed at camp.
- The Camp Nurse will have stock OTC meds such as Tylenol, Ibuprofen, antacid, Benadryl etc. that your camper can request. \*\*\*\*\* (See attached form to give permission to administer these prn meds from stock)

### **Medication Process**

- Fill out and sign the Medication Form (attached)
- Mark meds, inhalers, or other med. devices with camper's name
- Only send enough doses for the camp week (pills or capsules) *We will provide small med envelopes for meds.*
- Bring completed form & ALL daily meds to the Camp Nurse during the parent meeting for processing
- If your camper is sent with an inhaler or medical device, it will be returned to the camper as we depart camp for transport home. If special arrangements other than that need to be made, submit your request in writing to the Camp Nurse.

\*\*\*\*\**If your child does not take daily meds but you desire to give permission to administer the above listed stock OTC meds, should the camper need them, please fill in the campers name, allergies, circle OTC meds and sign the Medication Form that is attached.*

Camp Nurse: Kristine Wood  
704-904-4687

# Camper Medication Form

**STEP 1:** Complete & sign this form listing all daily medication(s) that need to be administered while at camp.  
Daily Medications = Prescription (daily and as-needed) and OTC daily meds.

**STEP 2:** Bring this form & daily meds to the Camp Nurse the parent night meeting for processing

- Only send enough doses for the camp week (pills or capsules)
- Mark meds, inhalers, or other med. devices with camper's name We will provide small med envelopes

**PLEASE PRINT**

CAMPER'S NAME: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**DRUG NAME** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_

TIME OF DAY GIVEN: AM PM AS NEEDED (circle applicable)

SPECIAL INSTRUCTIONS \_\_\_\_\_

**DRUG NAME** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_

TIME OF DAY GIVEN: AM PM AS NEEDED (circle applicable)

SPECIAL INSTRUCTIONS \_\_\_\_\_

**DRUG NAME** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_

TIME OF DAY GIVEN: AM PM AS NEEDED (circle applicable)

SPECIAL INSTRUCTIONS \_\_\_\_\_

**DRUG NAME** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_

TIME OF DAY GIVEN: AM PM AS NEEDED (circle applicable)

SPECIAL INSTRUCTIONS \_\_\_\_\_

I declare that the information listed on this form is correct & complete. I hereby give permission for the Camp Nurse to administer the medication(s) as directed above, & if needed, my camper may request: (circle all that apply)

**Tylenol      Ibuprofen      Antacid      Benadryl**

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_