## **MEDICATION:**

- Bring to camp any medicine you normally take. You will give these to the nurse when you check in.
- □ Have your medicine ready to check in, <u>not packed in your suitcase</u>. Every medicine of any kind (including Tylenol, Pepto-Bismol, etc.) must be kept with the nurse.
- Any prescription medicine must have the pharmacy label attached with camper name, dosage, etc.

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- □ For any prescription <u>without the original label</u>, clip and attach label below to the container. Note: the Doctor's signature is required on this label <u>if</u> your medication is not in the original prescribed bottle with name of camper, correct dosage, and doctor's name.
- □ For non-prescription medication, clip and attach this label on to the container (no doctor signature needed).

## DETACH AND ATTACH TO THE MEDICINE CONTAINER

| CAMPER'S NAME                                       | DATE                      |   |
|---|---------------------------|---|
| NAME OF MEDICINE                                    | AMOUNT TO BE TAKEN        | _ |
| TIME TO BE TAKEN                                    | AMOUNT TO BE TAKEN        | _ |
|   |                           | _ |
| DOCTOR'S SIGNATURE                                  |                           |   |
| (required for prescription medicine not in original | ginal bottle)             | _ |
|   |                           |   |
|   |                           |   |
|   |                           |   |
| ATTACH  | TO THE MEDICINE CONTAINER |   |
| CAMPER'S NAME                                       | DATE                      |   |
| NAME OF MEDICINE                                    |                           |   |
| TIME TO BE TAKEN                                    | AMOUNT TO BE TAKEN        | _ |
| PARENT OR GUARDIAN SIGNATURE                        |                           | _ |
| DOCTOR'S SIGNATURE                                  |                           |   |
| (required for prescription medicine not in original | ginal bottle)             | _ |
|   |                           |   |
|   |                           |   |
| ATTACH  | TO THE MEDICINE CONTAINER |   |
| CAMPER'S NAME                                       | DATE                      |   |
| NAME OF MEDICINE                                    | DATE                      | _ |
| TIME TO BE TAKEN                                    | AMOUNT TO BE TAKEN        | - |
| PARENT OR GUARDIAN SIGNATURE                        |                           | - |
| DOCTOR'S SIGNATURE                                  |                           | - |
| (required for prescription medicine not in original | ginal bottle)             |   |
|   |                           |   |
|   |                           |   |
| ATTACH  | TO THE MEDICINE CONTAINER |   |
| CAMPER'S NAME                                       | DATE                      |   |
| NAME OF MEDICINE                                    |                           | - |
| TIME TO BE TAKEN                                    | AMOUNT TO BE TAKEN        | _ |
| PARENT OR GUARDIAN SIGNATURE                        |                           | - |
|   |                           | _ |
| DOCTOR'S SIGNATURE                                  |                           | - |
|   | ginal bottle)             | _ |