

ADULT Medication List
Dakotas-Minnesota Area
United Methodist Camp & Retreat Ministry



Please bring this completed form to camper check-in, or complete the list in your online account at least 10 days prior to camp.

Medication is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Adult participants manage their own medications while at camp.** *All personal medications, including over-the-counter medications, must be stored securely while attending camp, either discreetly in a locked vehicle or in another secure location.*

Camper: _____ **Camp or Event:** _____ **Camp Number:** _____

Name of prescription, supplement, or over-the-counter medication:	Reason for taking:	Amount/ Dose taken:

Many common **over-the-counter medications** are stocked in the camp Health Center and may be used on an as-needed basis to manage illness and injury.

Staff / Volunteers Only – Do you require any medication that might impair your ability to perform the essential functions of your position? **Yes** **No**

Please list any known medication allergies and the reaction:

Statement of Agreement: I have read the information both on this page and in what was sent to me as an adult participant for this camp program. I understand my health information will be shared with camp staff on a “need to know” basis and that, as an adult, I retain primary responsibility for managing my health status while at camp. I agree to inform the camp of any changes that might impact my participation.

Adult Participant Signature: _____ **Date:** _____