

Camper Medication List

Dakotas-Minnesota Area

United Methodist Camp & Retreat Ministry



Please bring this completed form to camper check-in, or complete form online at least 2 weeks prior to camp.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. All medications are collected, stored, and distributed by camp health care personnel. Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely.

Bring only enough medications to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Camper Name _____ Camp Session _____

- This camper **will not** take any daily medications while attending camp.
- This camper **will take** the following daily medication(s) while at camp:

Name of Prescription Medication:	Reason for taking:	Times given:	Amount/ Dose given:	How dose is given:	Pill Count:	Initials: (guardian and staff)
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:	
Original Start Date: (mm/yyyy):					OUT:	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:	
Original Start Date: (mm/yyyy):					OUT:	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:	
Original Start Date: (mm/yyyy):					OUT:	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:	
Original Start Date: (mm/yyyy):					OUT:	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:	
Original Start Date: (mm/yyyy):					OUT:	

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

Non-prescription medications are stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Camp staff has permission to administer **over-the-counter** medications as necessary.

Camp staff has permission to administer **over-the-counter** medications as necessary, except the following:

Camper should not be given any **over-the-counter** medications.