

Camp Keff Medication Form

CAMPER INFORMATION

Camper Name:	Parent/Guardian Name:
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MEDICATION INFORMATION

Medication <small>All medication, including over the counter medications and vitamins, must be in the original package/bottle.</small>	Dosage <small>How much do we administer?</small>	Schedule <small>Please only mark the times your child will take medication at camp.</small>						Reason for Medication	Possible Reactions or Notes	CHOOSE ONE	
		As Needed Only	Breakfast:	Lunch	Dinner	Bedtime	Other			OTC Over the Counter	RX Prescription
EXAMPLE: Albuterol	2 Puffs as needed	X						Asthma	None	✓	✓
EXAMPLE: Amoxicillin	1 pill		X	X	X			Ear Infection	Nausea		✓
EXAMPLE: Vitamin C	1 pill		X					Prevent a cold	None	✓	
1.											
2.											
3.											
4.											
5.											

List any known allergies:

PARENT/GUARDIAN PLEASE READ AND SIGN BELOW:

I, the undersigned, authorize the PJCC and Camp Keff staff to administer the medication listed above. I understand Camp Keff staff will administer both the over the counter medicine and the prescribed medication in accordance with the instructions as indicated above. I understand that **Camp Keff will not administer over the counter medications in doses that exceed the manufacturer's dosage instructions, without a written prescription.** I understand that medication cannot be administered if the form is incomplete or the medication is not listed above. I will notify the camp immediately if any medical or contact information changes.

Parent/Guardian Signature: _____ Date: _____

**All medication must be in the original packaging.
 Prescription medication must include a prescription label.
 Please put medication and form in a zip lock bag labeled with the camper's name.**