

Summer Camp Medication Form

Camper Name: _____ Birthdate: _____ Age _____
(1 form per child please) (Please print clearly)

Parent Contact Information:

Contact #1 Name and Number: _____
Relationship to child _____
Contact #2 Name and Number: _____
Relationship to child _____
(Please print clearly)

Allergies

Allergic to: _____ Special Instructions: _____
Allergic to: _____ Special Instructions: _____
Allergic to: _____ Special Instructions: _____

Medication

Medication prescribed: _____ Special Instructions: _____
Medication prescribed: _____ Special Instructions: _____
Medication prescribed: _____ Special Instructions: _____
Medication prescribed: _____ Special Instructions: _____

If your child takes medication, please state reasons below.

Severe allergy form

1. Epi-pen: Does your child require an epi-pen to treat an allergy?

If yes, please give reason for Epi-pen.

2. Asthma: Does your child use an inhaler for asthma?
If yes, my child has been instructed to carry their inhaler to ALL camp activities.
Initial _____

Initial if you approve of appropriate administration of the following medicines by camp director:

Tylenol (initial) _____ Benadryl (initial) _____ Advil (initial) _____

Is there anything else that we need to know to provide proper care for your child?

Signed _____ (parent or guardian)

Date _____