XL Summer Camp -MEDICATION FORM

The XL Summer Camp has established policies and procedures regarding the administration of medicine during the camp day. Medication includes all prescribed and over-the-counter medication.

For the safety of all of our campers, <u>ALL medications</u> are to be kept in the Camp Triage and are not to be kept with campers or in the camper's bags.

All medication must be brought to camp in its original container. Pharmacy labels are required for all prescription medications. Non-prescription medications should be sent in original containers with the camper's name clearly written on it.

Please fill out this form in its entirety and return it to the check-in table with the medication

Child's Name:		Date	:	
Name of Medication:				
Reason for M	edication:			
Dosage:		Time(s) to be Given:	Time(s) to be Given:	
Cautionary I	nformation/Adverse Rea	ctions:		
	Any medication that is n	ot claimed within three workin camp will be discarded.**	g days after the camper's last day	
Date:	Parent/Guard	lian's Signature:		
Date:	Dosage:	Time Given:	Initials:	
Date:	Dosage:	Time Given:	Initials:	
Date:	Dosage:	Time Given:	Initials:	
Date:	Dosage:	Time Given:	Initials:	
Date:	Dosage:	Time Given:	Initials:	