

Camper's Name: _____ Age: _____

MEDICATION FORM

The Delaware Skate Camp program has established policies and procedures regarding the administration of medicine during the camp day. Medication includes all prescribed and over-the-counter medication. All medications are to be kept with the camp staff, and are not to be kept with campers. The policy applies to both prescription and non-prescription items.

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

Please complete this form in its entirety and return it to the camp staff with the required medication. A separate form is required for each medication.

Camper's name: _____ Date of Birth: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____

Time to be given: _____

Cautionary Information/Adverse Reactions: _____

Please note/l with the exception of inhalers and Tylenol, unused medication must be picked up by the camper's parent/guardian at the end of each day. Any medication that is not claimed within three working days after the campers last day of camp will be discarded.

Parent/Guardian Signature: _____ Date: _____

Medication Chart *(to be completed by camp staff)*

Date: _____ Dosage: _____ Time Given: _____ Staff Initials: _____

Date: _____ Dosage: _____ Time Given: _____ Staff Initials: _____

Date: _____ Dosage: _____ Time Given: _____ Staff Initials: _____

Date: _____ Dosage: _____ Time Given: _____ Staff Initials: _____

Date: _____ Dosage: _____ Time Given: _____ Staff Initials: _____