



Medication Form - Summer 2016

If Your Child Requires Medication at Camp...

For the safety of all Valley Trails campers, all medication must be hand delivered by the PARENT/GUARDIAN, to the main office. Campers are not to be held responsible to deliver medication to the office, nor may they carry any medication or over-the-counter drugs at camp. NO EXCEPTIONS!

If your camper requires the use of an inhaler, we require that Valley Trails Summer Camp be supplied with two individually labeled inhalers. One inhaler will remain in the camp office, and the other will be carried by your camper's Senior Counselor. Both inhalers will be returned to the parent at the conclusion of your camper's experience at Valley Trails.

No medicine may be dispensed without the written authorization of your child's physician.

-----Tear Off-----

Camper's Name _____

Grade in Sept. 2016 _____

Instructions:

1. Please fill out the portion below. List the name of each medication that the child will be taking, the correct dosage, scheduled time during camp, reason for the medication (If you are taking more than 1 medications please complete additional forms).
2. Keep all medication in the original package/bottle that identifies the medication and/or the prescribing physician, the name of the medication, the dosage, and the frequency of administration.
3. The information written on this sheet must be exactly the same as the information on the medication (If the two do not match, we will be unable to dispense the medication).
4. All non-prescribed medications will be administered as directed on the medication unless specified differently by the physician.

Name of Medication _____

Dosage _____ Times _____

Reason for Medication _____

Doctor's Signature _____ Date _____

Doctor's Name _____ Phone _____

Parent's Signature _____ Date _____