

Disciples Crossing Camp Medication Form
Please bring with you to registration!

| | | | | | |
|------------------|------------|------|--------------|-------|-------------|
| Camper Last Name | First Name | Camp | Date of camp | Group | Leader Name |
|------------------|------------|------|--------------|-------|-------------|

All medications (prescription and non-prescription), cremes, ointments, syrups, pills, etc. must be left with the camp health supervisor at check-in during Sunday registration. All medications must be in original containers with labels. In order to expedite registration and confirm instructions we ask that you fill in the form below. Please be sure to list all medications you will be leaving (see example below) Also if you will send your child's medical supplies in a clear Zip Lock bag with their name on it. This will be greatly appreciated.

| Medication | Dose amount | Time(s) to be given | Special directions | Side Effects? |
|------------|-------------|---------------------|--------------------|------------------------|
| Sugar | 2 teaspoons | Mealtimes/Bedtime | Give with juice | Gets excessively happy |

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Please feel free to attach a paper to this form for more space.

The Standing Orders for the camp from our Doctor Ron Heine, M.D. state the following: *Medications brought by campers: In camp, all medications will be left in the infirmary in a locked cabinet, except those medications which must be carried by staff or camper, such as epinephrine for stings.* If you would like your camper to carry their epinephrine or inhalers with them at all times please sign and date below:

Parent/Guardian Signature

Date

This Form Must be brought to registration DO NOT MAIL in!

Camper Name _____

Has the camper recently stopped taking any medications? If so please list medications: _____

Has the camper had any unexplained weight loss recently? If yes please explain: _____

Has the camper had any contagious diseases, hospitalization or operations in the last 90 days? (Measles, mumps, etc.) _____

Are there any changes or additions since the Health History/Exam form was filled out? _____

Has the camper had any medical problems in the last 45 days? (Colds, generally not feeling well?) _____

Are there any frequent or reoccurring problems? (Head or stomach aches? Irritations or anything that itches?) _____

How does the camper feel today? Are they in good health? _____

Other comments? _____

Signature of Parent or Guardian _____ Date _____

Signature of Camp Staff _____ Date _____