



Indian Hills Camp
Medication Check-in Form

Camper's Name _____ Date of Birth _____

Important: All medications **must be** in the original pharmacy packaging, with appropriate prescription labels. Please **do not send** medication that has expired. Hand written instructions by the parent **must** accompany any medication (prescription or non-prescription). Please write these instructions on the bottom section of this form.

Important: *If medication is taken at times other than meal times but can be adjusted to meal times for the week, it would be very helpful for dispensing. For the safety of all campers, **all medications**, (including non- prescription) must be checked-in with the camp nurse. They will be stored and dispensed by the camp Health Supervisor (except in cases when personal possession is necessary, e.g. - an inhaler, which needs to be authorized by the camp nurse).

List all medications brought to camp. Attach additional paper as necessary. Keep medications in original packaging; prescription original packaging must identify the prescribing physician, medication name, dosage, and frequency of administration.

My child takes medications as follows:

Med. #1 _____ Reason for taking _____ Side effects: _____

Time _____ Dosage _____ Time _____ Dosage _____

Time _____ Dosage _____ Note: _____

Med. #2 _____ Reason for taking _____ Side effects: _____

Time _____ Dosage _____ Time _____ Dosage _____

Time _____ Dosage _____ Note: _____

Med. #3 _____ Reason for taking _____ Side effects: _____

Time _____ Dosage _____ Time _____ Dosage _____

Time _____ Dosage _____ Note: _____

Parent Signature _____ Date _____

Hm # (____) _____ Cell # (____) _____ Wk # (____) _____