

CAMP ODAYIN CURRENT MEDICATION

Please fill out this form listing the medications your child will be taking during camp and **bring it to camper registration Monday morning (DO NOT MAIL to Odayin office in advance)** with meds in **original prescription bottles** together in a large zip lock bag. You will meet your child's nurse and check in all medications. **Parents, please only fill out the left column with medication name, dose and frequency (meaning what time of day is the med given).** Your child's nurse will fill in the other boxes as they distribute the medication throughout the week of camp.

Camper Full Name: _____ Weight (lbs.) _____

Medication	Time	Monday	Tuesday	Wednesday	Thursday	Friday
Name _____						
Dose _____						
Frequency _____						
Name _____						
Dose _____						
Frequency _____						
Name _____						
Dose _____						
Frequency _____						
Name _____						
Dose _____						
Frequency _____						

Specific instructions for the medications listed above:

Special dietary needs/restrictions:

Allergies (Medication, food and/or environmental):

Allergy _____ Reaction _____
 Allergy _____ Reaction _____

The following medications are available at the health center to be given out by our medical staff if needed. Please let us know if your child **CANNOT** take any of these meds. **If there are any other over the counter medications your child takes, please bring them to camp (i.e. Zantac, Claritin, albuterol inhalers, etc.)**

____ Ibuprofen ____ Bacitracin ____ Cough drops ____ Tylenol ____ Milk of Magnesia
 ____ Benadryl ____ Robitussin ____ TUMS ____ Cortaid Cream

Reason for inability to take med: