

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 (DO NOT MAIL to Odayin office in advance) with meds in original prescription bottles together in a zip lock bag. Please bring enough medicine for each day of camp. You will meet your child's nurse and check in all medications. Parents, please only fill out the 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 at camp.

Camper Full Name: _____ Weight (lbs.) _____

Specific instructions for the medications listed:

	Medication	Time	Saturday	Sunday
Name _____ Dose _____ Frequency _____				
Special dietary needs/restrictions:	Name _____			
	Dose _____			
	Frequency _____			
Allergies (Medication, food and/or environmental):	Name _____			
	Dose _____			
	Frequency _____			
Allergy	Name _____			
Reaction	Dose _____			
	Frequency _____			
Allergy	Name _____			
Reaction	Dose _____			
	Frequency _____			

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 medications: