

**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 Sunday morning (DO NOT MAIL to Odayin office in advance)** with meds in **original prescription bottles** together in a large zip lock bag. Your child's nurse will come to your vehicle 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	Sunday	Monday	Tuesday
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: