

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 medications 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.) _____

Parent to complete:	Nurse to complete:					
Medication	Time	Day 1	Day 2	Day 3	Day 4	Day 5
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 CIRCLE medications that your child **CANNOT** take. Please bring any other over the counter medications your child takes in a zip lock bag to review during camper registration (examples: Zantac, Claritin, albuterol inhalers, etc.).

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

Reason for inability to take med: