

CAMP ODAYIN CURRENT MEDICATION

FOR NURSE USE ONLY: _____

- Please fill out this form listing the medications/vitamins/supplements 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/vitamins/supplements.
- 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/Vitamin/Supplement	Time	Day 1	Day 2	Day 3	Day 4	Day 5
Name						
Dose						
Y N dosage different than the bottle?						
Frequency						
Name						
Dose						
Y N dosage different than the bottle?						
Frequency						
Name						
Dose						
Y N dosage different than the bottle?						
Frequency						
Name						
Dose						
Y N dosage different than the bottle?						
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 MARK 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 medication: