

Camper's Name: \_\_\_\_\_

Unit/Trip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Session (circle all that apply): A B C

**Catoctin Medication Card • BRING ALL FORMS WITH YOU TO CAMP**

Please list any and all prescription medications your child **brings with him or her to camp**:

Name of Medicine	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please package all medications in a labeled calendar kit; please also send the original containers with the original prescription label.

**Non-prescription Medications Given as Needed at Camp (check all that can be used as needed)**

- \_\_\_\_\_ aloe and aloe-containing creams
- \_\_\_\_\_ anti-fungal creams
- \_\_\_\_\_ anti-itch creams (1% hydrocortisone)
- \_\_\_\_\_ diphenhydramine hydrochloride (Benadryl or other) 5 mg/kg/d
- \_\_\_\_\_ Insect repellent containing < 50% DEET
- \_\_\_\_\_ ibuprofen 10-15 mg/kg/dose 4 doses daily
- \_\_\_\_\_ immodium (anti-diarrheal)
- \_\_\_\_\_ bismuth subsalicylate (Pepto-bismol) Not to exceed 2 g / day
- \_\_\_\_\_ pseudoephedrine (Sudafed or similar) 4 mg/kg/d in 4 doses
- \_\_\_\_\_ sunblock
- \_\_\_\_\_ Topical antibiotic cream with nystatin
- \_\_\_\_\_ Tums (calcium carbonate 500 mg) One tablet 4 times daily
- \_\_\_\_\_ acetaminophen (Tylenol) 10 mg/kg/d in 6 doses.
- \_\_\_\_\_ vitamin C

Other NON prescription medications that are ok for this camper to take: \_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_



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