

Camper's Name: _____
Date of Birth: _____

Unit / Trip: _____
Session: _____

** Bring all Forms with you to Camp! **

Medication Card 2009

** Do Not Mail! **

Camp: (Circle One) Catoctin Shiloh Opequon Teen Adventure

Please List ALL medications your child takes, **and bring them to camp** with their original prescription packaging and labels:

Medications taken everyday:

AM			PM		
Name	Dose	Time	Name	Dose	Time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Medications to be taken ONLY as needed:

Name	Dose	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check each individual box if you desire the camper to be able to receive:

<input checked="" type="checkbox"/> Name	Dose	Time
<input type="checkbox"/> Tylenol	325mg (oral)	every 6 hours (as needed)
<input type="checkbox"/> Advil	200mg (oral)	every 6 hours (as needed)
<input type="checkbox"/> Benadryl	25mg (oral)	every 6 hours (as needed)

For the camper _____, I order / authorize the medicines listed above be given to according to the dosages and schedules specified on this form. (Form must be signed by patient's pediatrician AND parent / guardian)

Physician's Signature Date

Parent's Signature Date

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