



Medication Check-In

All medications should be in original packaging. Place them in a Ziplock bag and write with a Sharpe the campers name, group, age and place this form inside.

Camper's Name _____ Cabin # _____ Counselor _____
Church/Group: _____

<u>Name of Medicine</u>	<u>As Needed</u>	<u>Taken Daily</u>	<u>Dosage/Days/Time(s)</u>
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

IF SENDING AN EPI-PEN, PLEASE LIST SPECIFIC ALLERGIES: (one for student one for backup)

INHALER

Students with a prescribed inhaler should carry it with them at all times. Please include a **second inhaler** to be turned in to the Health Clerk/Nurse. This will ensure your student has a back up in case they loose their inhaler.

OTHER INSTRUCTIONS