

MEDICAL FORM FOR SUMMER CAMP



Camper or Volunteer:

Name of Individual Completing Form:

Instructions

If the above individual **does not** take any supplements, vitamins, or medications, please turn this form in BEFORE camp (simply stating below that no medications are needed for the camp stay). The camper's photo and the insurance must be included.

If the above individual takes ANY supplements, vitamins, or prescribed medications, this form will need to be **fully completed and BROUGHT TO CAMP UPON YOUR ARRIVAL. Please do not send it our way in advance.** Be sure to have it completed as instructed below prior to arriving to Camp Encourage. If you have questions regarding this form, please contact us prior to camp (to allow arrival to go smoothly and decrease wait time for other families).

1. Attach a photo of your camper to the right (or simply staple it onto this form, regardless of size).
2. Attach a copy of your camper's insurance card.
3. Answer the questions below regarding specific administration instructions.
4. Campers will need to **bring a pillbox** large enough to be divided into specific medication dispensing times. If you are unable to locate a pillbox large enough to fill all medications, please contact us and we will make sure one is available upon check in or will send it your way prior to camp. In the space provided on the second page, please list the medications your camper will be taking the week of camp **that you will have precisely placed in each appropriate slot within the pillbox you'll be bringing prior to arriving to camp.** Be sure to type or print extremely clearly. Please note that there are general times listed below. Because we understand the importance of the precise timing of medications, please indicate in the space provided if there are specific times each should be administered.
5. In the space provided, please list medications that MIGHT be needed during the week of camp (PRN, as needed medications such as an inhaler or an EpiPen).
6. In the space provided on the second page, describe each medication in detail for further helpful purposes. **THIS IS REQUIRED.** Each medication should be described in detail (color, letters upon each pill, etc.)
7. **NEW for campers and peer model campers: Bring original packaging** for each prescribed medication listed below. During check in, Camp Encourage will reference the labeling but will then return the packaging to the parent before parting (since all medications will have already been placed in the pillbox).

Please add an identifiable photo here
(required for campers and peer models
taking medication)

Helpful Administration Information

Does your child require any specific foods or drinks when taking his or her medications? We will have applesauce, apple juice, water, sports drinks, crackers, and a few other items in the medical cabin. If your camper needs something other than these to take medications, please be sure to mention it in detail here and be sure to bring those (clearly labeled) items upon arrival to be kept in the medical cabin with his or her medications.

Does your child have specific routines or special ways of dispensing and receiving medications? If so, please describe in detail here.

Parent / Guardian Signature

Your signature below indicates that the information within this form is accurate and indicates that the medications you have placed within the pillbox are precisely accurate and are the medications that your child should be taking during the week of camp, and perfectly match what is listed.

Signature

Date

Medications

Name of Camper or Volunteer: _____

	Morning (roughly 7:45 to 8:15am)	Midday (roughly around noon)	Afternoon (around 4:00pm)	Evening (around 7:00pm)	Bedtime (around 8:30 to 9:00pm)	Other (provide SPECIFIC time/s)
Day One (Weds, 6.20 OR Thurs, 7.19)	Campers will be arriving at 1:00 thus medications will be dispensed following that time.					
Day Two (Thurs, 6.21 OR Fri, 7.20)						
Day Three (Fri, 6.22 OR Sat, 7.21)						
Day Four (Sat, 6.25 OR Sun, 7.22)		Medications will only be dispensed prior to parent arrival.				

Name of medication _____ Describe it in detail (ie a pill's color, shape, imprinted letter/number, etc.) _____

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Please be sure to include a copy of your insurance card.

