

Camp Wilderness Summer Camp

Medication Form

Please fill out the following information and **place it with any medications your child will need during camp in a clear sealable plastic bag.** *Bring this with you to camp and drop off during check-in.*

CHILD NAME _____

Med #1 _____ Dosage _____

Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____

Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____

Specific times taken each day _____

Reason for taking _____

1. Write name of child with a black permanent marker on the outside of bag. Do NOT put more than one child's medication in a bag.
2. Reminder!! We do not allow any prescription medications or over-the-counter meds to be kept by minors. *If your child has severe asthma, please speak with the nurse during check-in if they need to carry their inhaler with them at all times.
3. To expedite your check-in, have this form already completed and inside a marked sealable plastic bag.