



Camper Name: \_\_\_\_\_

Absolutely Incredible Kid Weekend: April 21<sup>st</sup> & 22<sup>nd</sup>, 2018  
Camper Medication Administration Record

On the table below please list your child’s medication by name (using the name on the prescription), and the required dosage. Note that Camp Fire Camp Toccoa personnel can only administer the dosage as prescribed on the bottle. In the “time given” column circle the time your child should receive their medication as prescribed on the bottle. **Please circle “B” for breakfast, “L” for lunch, “D” for dinner. If your camper takes medication outside of these times, please discuss with the staff.**

**Prescription medication must be sent in the original container containing only the dosage required for the weekend. Place all medication and the medication administration record in a gallon sized zip lock bag labeled with the campers first and last name. Do not send over the counter medication with the exception of Melatonin or daily allergy medication such as Zyrtec or Claritin, which must be in the original container and only containing the required dosage for the weekend.**

Camp Fire Camp Toccoa cannot accept medication that is not in the original prescription contain, any amount over the exact dosage for the weekend, over the counter medication that is not Melatonin or daily allergy medication such as Zyrtec or Claritin or any medication that is not accompanied by the Medication Administration Record. Medication, prescribed or over the counter, vitamins, etc. are not to be stored in camper’s luggage. If medication is found in your camper’s luggage, the parent/guardian will be notified and the medication will not be administered to the camper throughout the weekend.

Medication Name/Dosage:	Time Given:    B        L        D
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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contemplate this portion if your camper has an Epi Pen/ Inhaler**

**Circle One:**    Epi Pen (Allergy to: \_\_\_\_\_)    Inhaler

We request that the child named above be permitted to carry his/her own Epi Pen/Inhaler, have the medication kept by his/hers counselor, or store the medication in the onsite camp office under the supervision of the camp medical designee.

I direct my child’s medication to be stored: \_\_\_\_\_.

CHOOSE ONE FROM THE ABOVE PARAGRAPH

If you choose to permit your child to carry his/her medication you are agreeing that he/she has been instructed in the proper procedure of self-administration and is capable of carrying his/her own properly labeled Epi Pen / Inhaler in the original container. He/she understands the purpose, proper method, and the frequency of the use of this medication as prescribed my child’s physician.

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