Grade:_____

Last Initial:_____

ISC SUMMER DAY CAMP
MEDICATION FORM

The ISC Summer Day Camp has established policies and procedures regarding the administration of medicine during the camp day. Medication includes all over-the-counter prescribed medication for a particular camper. All medications are to be kept in the Camp Triage and are not to be stored with campers or counselors. This policy applies to both prescription and non-prescription items.

For the safety of all of our campers, all medication must be brought to camp in its original container and stored in our camp triage. Pharmacy labels are required for all prescription medications. Non-prescription medications should be sent in original containers with the camper's name clearly written on it.

Please fill out this form in its entirety and drop it off at the check-in table along with the require medication.

Child's Name: _____ Date: _____

Name of Medication: _____

Reason for Medication: _____

Dosage: _____ Time(s) to be given: _____

Cautionary Information/ Adverse Reactions:

Please note: Any medications that are not claimed within three working days after the campers last day of camp will be discarded.

Parent/Guardian's Signature: _____Date:_____

Health Director:

Date: _____ Dosage:_____ Time Given: _____ Initials: _____
Date: _____ Dosage:_____ Time Given: _____ Initials: _____
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