

## CAMP BETHEL MEDICATION INSTRUCTIONS (Complete ONLY if your camper takes medication during camp.)

If you will be sending any medication for your camper to take during her/his time at camp, YOU MUST RECORD precise time and dosage instructions below and return this form to Camp Bethel. All camper medications must be checked in to our Medical Staff or Health Coordinator during check-in on the first camp day. All medications are stored and dispensed by the Health Coordinator unless special arrangements are made through the Health Coordinator and Camp Director. Only send enough medication for the camper's time at camp. Medications MUST be in the original, labeled packaging and container naming prescribing physician, camper name, medication name, dosage, and frequency instructions.

Camper's FIRST name \_\_\_\_\_ Camper's LAST name \_\_\_\_\_

**LIST ALL MEDICATIONS TO BE ADMINISTERED** to this camper that you will be transferring to our Health Coordinator at check-in. List names of medications (including non-prescription) and the reasons for taking.

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**SCHEDULE OF DOSAGES:** In the chart below, list the name of each specific medication. Under each medication, list the dose to give beside each day and specific time we should administer it to your camper. See the "Example Column." The Health Coordinator will initial the box for each specific time the dosage has been dispensed. The times listed in the chart correspond to meals: 8:00am breakfast, 12:30pm lunch, 5:30pm dinner; and bedtime 9:30pm.

		Medication #1		Medication #2		Medication #3		Medication #4		"Example Column"	
		Dose to give each time	Health Coord initials	Dose to give each time	Health Coord initials	Dose to give each time	Health Coord initials	Dose to give each time	Health Coord initials	Dose to give each time	Health Coord initials
Write medication names here ==>										<b>Penicillin:</b> 1 tablet twice daily at breakfast and bedtime	
										1 tablet	
Sunday	5:30 pm										
	9:30 pm										1 tablet
Monday	8:00 am										1 tablet
	12:30 pm										
	5:30 pm										
	9:30 pm										1 tablet
Tuesday	8:00 am										1 tablet
	12:30 pm										
	5:30 pm										
	9:30 pm										1 tablet
Wednesday	8:00 am										1 tablet
	12:30 pm										
	5:30 pm										
	9:30 pm										1 tablet
Thursday	8:00 am										1 tablet
	12:30 pm										
	5:30 pm										
	9:30 pm										1 tablet
Friday	8:00 am										1 tablet
	12:30 pm										
	5:30 pm										

**MEDICATION AS NEEDED:** List meds you are checking into the Health Coordinator in case they are needed AND a description of the condition for which you feel they should be administered plus the dosage.

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