

CAMP BETHEL ADULT MEDICATION FORM (Complete ONLY if you will bring medication to camp.)

If you will be bringing any medication to take during your time at camp, YOU MUST RECORD precise instructions here and return this form to Camp Bethel. All medications must be verified by our Health Coordinator. All medications are stored in NON-camper staff quarters unless special arrangements are made through the Health Coordinator and Camp Director. Medications MUST be in the original, prescribed and labeled container with your name, medication name & strength, and dosage instructions. Only bring enough medication for your time at camp.

Staff's FIRST name _____ Staff's LAST name _____

LIST ALL MEDICATIONS: List names of medications (including non-prescription) and the reasons for taking.

SCHEDULE OF DOSAGES: In the chart below, list the name of each specific medication. Under each medication, list the dose to administer beside each day and specific time administered. See the "Example Column." Please try to coordinate medication times with meal times and bed time, since it is difficult to keep up with odd schedules. You must initial each time the dosage has been dispensed. If medication must be dispensed at a different time, please note. The times listed in the chart mostly 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 |
| Sunday | 5:30 pm | | | | | | | | | Penicillin: 1 tablet twice daily at breakfast and bedtime | |
| | 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 will have in your possession for use only if needed AND a description of the condition for which you feel they should be administered plus the dosage.
