

CAMP BETHEL MEDICATION INSTRUCTIONS (Complete ONLY if you will take medication during camp.)

If you will be sending any medication for your minor staff member to take during her/his employment at camp, YOU MUST RECORD precise time and dosage instructions below 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 labeled container with 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 TO BE ADMINISTERED to this minor staff member that you will be transferring to our Health Coordinator. 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 give beside each day and specific time administered. *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	
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.
