

2024 Black Lake Camp Medication Distribution Form

Complete this form only if your student will need to take medication at camp. No student may self-medicate! Camp nurses must distribute all medication. This is for the safety and well being of all campers. **Common exceptions: Inhalers and epinephrine auto-injectors. If possible, please consider sending one with the nurse and one with the camper.*

MEDICATION DROP-OFF WILL TAKE PLACE ON **MONDAY, AUGUST 12TH DURING CHECK-IN AT WILLAMETTE. Bring this form and the medication (in its original container) in a zip-lock bag. Drop-off medication at the nurses' station.**

CAMPER'S NAME: _____

CAMPER'S GRADE IN THE FALL: _____

PARENT'S NAME +PHONE: _____

MEDICAL CONDITION(S): _____

ALLERGIES: (CIRCLE ALL THAT APPLY)

MEDICATIONS

FOOD

SEASONAL

OTHER

ALLERGY EXPLANATION: _____

MEDICATION #1: _____

MEDICATION REQUIRED: (CIRCLE WHICH APPLY)

DAILY BREAKFAST DAILY LUNCH DAILY DINNER DAILY BED

OR AS NEEDED

DOSAGE (CIRCLE WHICH APPLY OR WRITE OTHER)

1 PILL 2 PILLS 3 PILLS _____

DOSAGE FREQUENCY: (CIRCLE WHICH APPLY OR WRITE OTHER)

BREAKFAST LUNCH AFTERNOON DINNER

BEFORE BED WHEN NEEDED OTHER TIME _____

ADDITIONAL INFORMATION:

MEDICATION #2: _____

MEDICATION REQUIRED: (CIRCLE WHICH APPLY)

DAILY BREAKFAST DAILY LUNCH DAILY DINNER DAILY BED

OR AS NEEDED

DOSAGE (CIRCLE WHICH APPLY OR WRITE OTHER)

1 PILL 2 PILLS 3 PILLS _____

DOSAGE FREQUENCY: (CIRCLE WHICH APPLY OR WRITE OTHER)

BREAKFAST LUNCH AFTERNOON DINNER

BEFORE BED WHEN NEEDED OTHER TIME _____

ADDITIONAL INFORMATION:

MEDICATION #3: _____

MEDICATION REQUIRED: (CIRCLE WHICH APPLY)

DAILY BREAKFAST DAILY LUNCH DAILY DINNER DAILY BED

OR AS NEEDED

DOSAGE (CIRCLE WHICH APPLY OR WRITE OTHER)

1 PILL 2 PILLS 3 PILLS _____

DOSAGE FREQUENCY: (CIRCLE WHICH APPLY OR WRITE OTHER)

BREAKFAST LUNCH AFTERNOON DINNER

BEFORE BED WHEN NEEDED OTHER TIME _____

ADDITIONAL INFORMATION:

MEDICATION #4: _____

MEDICATION REQUIRED: (CIRCLE WHICH APPLY)

DAILY BREAKFAST DAILY LUNCH DAILY DINNER DAILY BED

OR AS NEEDED

DOSAGE (CIRCLE WHICH APPLY OR WRITE OTHER)

1 PILL 2 PILLS 3 PILLS _____

DOSAGE FREQUENCY: (CIRCLE WHICH APPLY OR WRITE OTHER)

BREAKFAST LUNCH AFTERNOON DINNER

BEFORE BED WHEN NEEDED OTHER TIME _____

ADDITIONAL INFORMATION:
