



Camp Fire
MINNESOTA

SUMMER CAMP

Request to Administer Medication at Camp

Camper Name: _____ Program: Overnight Day

Counselor: _____ Cabin: _____ Camp Week: _____

Prescription medications shall be prescribed by the camper's physician and authorized by parents to give during camp. Only medications prescribed to be taken during camp hours will be administered. Over the counter medications may be provided by parents to be given following parent direction. All medications (prescription and over the counter) must be in the original container. All medications are given at meals or bedtime unless a different time is required by doctor's order.

The following medication(s) are required to be given during camp hours:

Medication Name:	Reason for Medication:	Dose: (ex. 1 tablet, 15 ml, 100 mg, 2 puffs, etc.)	Time of Day:	Should camp administer on Sunday? (overnight camp only)	# IN (ex. # of pills, # of Epi-Pens, etc.)	#OUT
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> As Needed <input type="checkbox"/> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

I request the medication(s) above be given as directed by trained camp staff to my camper while at Camp Fire:

Parent/Guardian Signature: _____

Designated Health Staff Signature: _____