

Camp Pioneer 2020
Medical Description Form

Camper Name: _____

Allergies: _____

Step 1: List all routine medications that need to be administered while at camp

Step 2: Sign and place this form inside of a large sealable bag.

Step 3: Place enough of the listed medications (enclosed in daily dosage containers or separate daily dosage bags) in the one large bag and send it with your camper.

WE ARE ASKING THAT MEDICATIONS BE SEPARATED INTO DAILY DOSES AND PLACED IN SEALED CONTAINERS OR BAGS AND THAT EACH CONTAINER OR BAG BE LABELED AND SIGNED OR INITIALED BY THE APPROPRIATE PARENT OR GUARDIAN.

As needed medications can be enclosed seperately.

The information on this form is correct and complete. I hereby give my permission for the Camp Pioneer Health Care Provider to administer the medication as directed.

 Parent/Guardian Signature (required)

Date: _____

Contact Number _____

Drug Name	Dose	Given at:	Special Instructions
	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	
	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	
	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	
	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	
	<input type="checkbox"/> As needed	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bed time	