

Medication Form

To help facilitate the medication drop off process on Sunday, please complete this form and bring it along with all medications your child takes in their original containers. **If your child takes multiple medications, we recommend having them be packaged in “blister packs” by your local pharmacy in advance of their arrival to camp.**

Guest Name: _____

Regularly Scheduled Medications:

Medication 1:

Medication Name:	
Dosage:	
Usual Time of Administrations:	<input type="radio"/> Morning <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime
Additional Instructions:	

Medication 2:

Medication Name:	
Dosage:	
Usual Time of Administrations:	<input type="radio"/> Morning <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime
Additional Instructions:	

Medication 3:

Medication Name:	
Dosage:	
Usual Time of Administrations:	<input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime
Additional Instructions:	

Medication to be taken only as needed:

Medication 1:

Medication Name:	
Dosage:	
Additional Instructions:	

Medication 2:

Medication Name:	
Dosage:	
Additional Instructions:	

Parent/Guardian Signature: _____

HCC Member Signature: _____