

_____	_____
Last Name	First Name
FOR OFFICE USE ONLY	

Time of Day
FOR OFFICE USE ONLY

Camp Briarwood
MEDICATION INFORMATION FORM FOR EACH MEDICINE

Camper's Name: _____ **Session:** _____

Parent/Guardian Name: _____ **Phone #:** _____

Each medication must be sent in its original prescription bottle. Place all medications in a large Ziploc bag.

Medication Name: _____ Type: _____

Medication Packaging: _____ (ex: orange prescription bottle)

Description: _____ (ex: blue circular pill)

Dosage: _____ every _____ Quantity Sent: _____

Is it okay for this medication to be taken at the general intervals of breakfast, lunch, dinner, and/or bedtime?
Yes No

If no, then what exact time does this medication need to be taken?

Are there any specifics in the administration of this medication that we need to know?
(ex: taken with food, need an entire glass of water, etc)

Are there any medications, foods or drinks that cannot be taken with this medication?
Yes No

If yes, please list: _____

If no, are there any medications that will be taken along with this first medication?

Please list each other medication on another form.

*Please use the rest of this space to explain any information that your child's supervisors may need to know pertaining to this medication.