

_____	
Last Name	First Name
<i>FOR OFFICE USE ONLY</i>	

_____	
Time of Day	
<i>FOR OFFICE USE ONLY</i>	

## 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.