

ANCHOR STUDENTS CAMP

Medication Form 2024

This form must be filled out and turned in with your camper's medication to the nurse upon arrival. All **MEDICATION** brought to camp by a parent, guardian, or camper **MUST** be stored in the nurse's cabin and will be given out by the nurse. This includes but is not limited to all creams (not lotion), prescriptions, over-the-counter meds, vitamins, supplements ect.

CAMPERS NAME: _____

GRADE: _____

PARENT/GUARDIAN

NAME: _____

PHONE #: _____

EMERGENCY CONTACT

NAME: _____

PHONE #: _____

PLEASE FILL OUT THE FOLLOWING FOR EACH MEDICATION

MEDICATION NAME:

DOSE: _____

RECEIVED: _____

WHEN IS IT ADMINISTERED: _____ **BREAKFAST** _____ **LUNCH** _____ **DINNER**
_____ **BEDTIME** _____ **OTHER** _____ **AS NEEDED**

HOW OFTEN TO BE GIVEN: _____ **DAILY** _____ **2X DAY** _____ **AS NEEDED**

MEDICATION NAME:

DOSE: _____

RECEIVED: _____

WHEN IS IT ADMINISTERED: _____ **BREAKFAST** _____ **LUNCH** _____ **DINNER**
_____ **BEDTIME** _____ **OTHER** _____ **AS NEEDED**

HOW OFTEN TO BE GIVEN: _____ **DAILY** _____ **2X DAY** _____ **AS NEEDED**

MEDICATION NAME:

DOSE: _____

RECEIVED: _____

WHEN IS IT ADMINISTERED: _____ **BREAKFAST** _____ **LUNCH** _____ **DINNER**
_____ **BEDTIME** _____ **OTHER** _____ **AS NEEDED**

HOW OFTEN TO BE GIVEN: _____ **DAILY** _____ **2X DAY** _____ **AS NEEDED**

RECEIVED FROM _____ **RECEIVED BY** _____