

~ Prescription Medication Form ~

Campers Name \_\_\_\_\_ DOB \_\_\_\_\_

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| Name of Medication:  |
| Dosage:  |
| Why is this medication taken?                              |
| Times (Be Specific):                                       |
| _____ AM PM _____ AM PM _____ AM PM                        |
| _____ AM PM _____ AM PM _____ AM PM                        |
| Are there any additional instructions for this medication? |
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| Dosage:  |
| Why is this medication taken?                              |
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| _____ AM PM _____ AM PM _____ AM PM                        |
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| Dosage:  |
| Why is this medication taken?                              |
| Times (Be Specific):                                       |
| _____ AM PM _____ AM PM _____ AM PM                        |
| _____ AM PM _____ AM PM _____ AM PM                        |
| Are there any additional instructions for this medication? |
|  |

**Please understand the following guidelines regarding camper medications:**

Medications must be sent in the original pharmacy bottle with your child's name and instructions on the bottle's label. All medications are kept in the Infirmary and dispensed by the Camp Nurse. By New Hampshire state law, medications may not be stored in cabins with campers or minors.

Your signature below indicates that you understand and agree to the guidelines regarding camper medications and that you grant Brantwood Camp to permission to dispense the above named medications to your child in accordance with the instructions provided. The instructions provided must match the instructions on the medication bottle.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have reviewed this medication form and agree that this child may receive the medication as indicated.

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you need additional space please use another form.**