

Brantwood Camp

PO Box 3350
Peterborough NH 03458

603-933-0942
brantwoodcamp@gmail.com

Camper Medication Form

Campers Name: _____ DOB: _____

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?
Times (Be Specific):
_____ AM PM _____ AM PM _____ AM PM
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Please understand the following guidelines regarding Camper Medications:

- Medications must be sent in the original pharmacy bottle with your Camper'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 permission to dispense the above named medications to your Camper in accordance with the instructions provided.
- The instructions provided must match the instructions on the medication bottle.

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

Parent/Guardian Name(First & Last): _____

Parent/Guardian Signature: _____

Date: _____

Physician Signature (if Applicable): _____

Physician Name (Printed): _____

Date: _____

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