

Medication Registration Form

Please fill out this form for any medications (OTC or prescription), supplements, or vitamins your child has brought to camp. All of these items need to be turned in at check-in. The Infirmary Staff will then ensure that your child receives their medication / supplements. Due to volume of medications our infirmary processes, consider not sending optional vitamins.

Please note:

- All medication must be in its original container and prescription must have the child's *own* name on it.
- Only Inhalers and Epi-Pens are permitted to be kept with the camper. If your child will be self-carrying either of these, please speak with the First Aid Coordinator for approval.
- OTC meds that NLC stocks: Tylenol, Advil, Benadryl, Pepto Bismol, Tums, Cough Drops, Hydrocortisone Cream, Burn Cream, Aloe Vera, Calamine lotion.

Camper Name:

Date of Birth: / /

Cabin:

Medication #1	Reason for Taking
What is the Dosage?	When does your child take it (ex. mealtime/bedtime)?
Medication #2	Reason for Taking
What is the Dosage?	When does your child take it (ex. mealtime/bedtime)?
Medication #3	Reason for Taking
What is the Dosage?	When does your child take it (ex. mealtime/bedtime)?
Medication #4	Reason for Taking
What is the Dosage?	When does your child take it (ex. mealtime/bedtime)?
Medication #5	Reason for Taking
What is the Dosage?	When does your child take it (ex. mealtime/bedtime)?
Medication #6	Reason for Taking
What is the Dosage?	When does your child take it (ex. mealtime/bedtime)?

I hereby give permission to the first aid personnel selected by the camp director to provide the prescribed medication listed above.

Parent Signature: _____

Date: _____