

STUDENT NAME _____

To be turned in at Camp check-in, August 12, 2018

- * This form MUST be completed by **EVERY** student (EVEN if your student doesn't routinely take any medications)
- * Each student will provide their own medications for band camp.
- * Prescription medication MUST be in it's original pharmacy container with the original pharmacy label attached.
- * Non-prescription medication MUST be in it's original container.

Sunday medication check-in procedures:

- ✓ DO NOT PACK YOUR MEDICATIONS IN WITH YOUR LUGGAGE!
- ✓ ALL medications need to be in a ziploc bag
- ✓ The ziploc bag MUST be labeled with the student name.
- ✓ You will provide this completed form and your medications, if applicable, to the staff at the Medication check-in table.
- ✓ Any controlled medications will be counted and placed in a locked box.
- ✓ Once the medications are verified, the student will receive a sticker on the medication bag and they will be allowed to add it to their suitcase/bus bag.

List **ALL DAILY** prescription and non-prescription medications the student is currently taking.

	Name of Medication	Strength	Dosage	Time(s) Taken
	(example) Synthroid	0.088 mcg	1 tablet	every morning before breakfast
1				
2				
3				
4				
5				

- My student is responsible to take daily medications on their own.
- My student needs help reminder to take the daily medications.

Medications you are providing and to be given as needed

	Name of Medication	Strength	Dosage	Reason to Take
1				
2				
3				

- All the above medications to be given as needed can be given without a phone call to the parent.
- I wish to have a phone call before any of the above as needed medications are administered.

Medications that the camp has available in a VERY LIMITED supply

These medications will be given according to the directions in the package insert. Please cross off those medications you do NOT wish your student to take. If there is a good possibility that your child will require any of these medications, you need to supply your own.

- | | | |
|---|--------------------------|----------------------|
| Benadryl (diphenhydramine) cream or pills | Calamine lotion | Hydrocortisone cream |
| Bismuth subsalicylate (pepto-bismol) | Tums | Antibiotic cream |
| Loperamide (imodium) | Miralax (stool softener) | Famotidine (pepcid) |
| Tylenol (acetaminophen) | Ibuprofen (motrin) | Cetirizine (zyrtec) |
| Swimmer's ear (flumethasone) | Aloe Vera gel | |

- All the above medications to be given as needed can be given without a phone call to the parent.
- I wish to have a phone call before any of the above as needed medications are administered.

Parent/Guardian Signature

Date

Staff Initials