



# Medical Check-In

Staff to complete

Cabin: \_\_\_\_\_

Counselors: \_\_\_\_\_ / \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Name of Medication(s): (use back if needed)

Dose and Times to be Given:

Would prefer staff be responsible for administration of medication.

(please circle) Yes or No

**Other information:** All medications which are to be given by medical staff must be separated into small baggies clearly labeled by day and time, name of medication, any additional instructions needed and camper's name. (*Ex. Sally Jones, Monday breakfast, Zyrtec, must be taken with food*).

If more than one medication needs to be administered at the same time, all medicine needs to be in the same small bag. **ONLY ONE SMALL BAGGIE PER DOSE, PLEASE!**

All small daily medications baggies need to be combined into one larger baggie labeled with camper's name and this form.

**DO NOT SEND ANY MEDICATION IN BOTTLES. ALL MEDICATIONS MUST BE DIVIDED INTO THESE SMALL BAGS BY DOSE AND COMBINED INTO ONE LARGE BAG AND CLEARLY LABELED!!**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date