

# Additional Page for Camper Medication Dakotas-Minnesota Area

United Methodist Camp & Retreat Ministry



Please bring this completed form to camper check-in, or complete the list in your online account at least 10 days prior to camp.

**This form is intended to be a supplemental page for those who have more medications to list than will fit on page two of the Medical Information Form.**

As this is a supplemental form, please be sure you have fully read and understand the instructions listed in the Camper Medical Information Form. As a reminder, **all medications (including over-the-counter medications) will be collected from campers at check-in. Camper medication will be stored and distributed by camp health care personnel.**

**Camper:** \_\_\_\_\_ **Camp or Event:** \_\_\_\_\_ **Camp Number:** \_\_\_\_\_

This camper **will take** the following \*daily medication(s) while at camp:

Name of Medication:	Reason for taking:	Times given:	Amount/ Dose given:	How dose is given:	Pill Count:		Initials: (guardian and staff)
					IN:	OUT:	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			OUT:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			OUT:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			OUT:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			OUT:		

Many common **over-the-counter medications** are stocked in the camp Health Center and may be used on an as-needed basis to manage illness and injury. **DO NOT SEND OVER THE COUNTER MEDICATIONS WITH YOUR CAMPER unless they are taken routinely.**

\*Please **circle** any medication listed above that has been **newly prescribed (within the past 3 months) or if the dose has been recently changed.**