

CAMP CAYUGA

CAMP MEDICATION FORM

BUSINESS OFFICE: Camp Cayuga, PO Box 151, Peapack, NJ 07977 USA. (908) 470-1224, Fax: (908) 470-1228.
 SUMMER ADDRESS: Camp Cayuga, 321 Niles Pond Road, Honesdale, PA 18431. (570) 253-3133, Fax: (570) 253-3194.
 Email: info@campcayuga.com. Website: www.campcayuga.com

FOR OFFICE USE ONLY:

<input type="checkbox"/> Confirmed Meds
<input type="checkbox"/> Inaccurate: _____
<input type="checkbox"/> Health Record: _____
<input type="checkbox"/> MARS: _____
<input type="checkbox"/> Data Base: _____
<input type="checkbox"/> JC or OTC
<input type="checkbox"/> _____

LAST NAME (print): _____ **FIRST NAME:** _____

Check One : Camper, or Staff Member.

Session: Full Season, First 6-Weeks, Last 6-Weeks, First-Half, Second-Half, Mini-Session 2-Weeks, Other: _____

INSTRUCTIONS: If your child is bringing "medication" to camp (prescription meds, over-the-counter meds, and vitamins), please refer to your Parent Handbook, which explains the procedure for packaging meds. Your child's meds are to be placed inside one clear plastic zip-lock baggie, labeled with your camper's name and birth date. The Camp Medication Form is an inventory list of the meds your child is bringing to camp. Complete this form at the time you're packing the meds for camp, and place it inside the baggie with the meds. The meds listed on the Camp Medication Form must coincide with the meds inside the baggie. Do not mail this Form to us. Note: On the Health Exam Form, you list the meds your child is "currently taking" at the time you complete the form. The meds listed on the Health Form do not serve as an inventory list of the meds your child will bring to camp. CHECK HERE IF MEDICATIONS ARE LISTED ON REVERSE SIDE.

NAME OF MEDICATION: (print) _____

Check all boxes that apply to this medication.

Prescription medication.
 Over-the-counter medication or Vitamin.
 Taken on a routine basis. Taken on an as-needed basis.
 Prescribed for a chronic illness or condition.
 EpiPen held on person. Inhaler held on person.

Complete below as per original container's label:

Dosage: _____
 Frequency: _____
 Expiration Date: _____
 Purpose: _____

Comments: _____

NAME OF MEDICATION: (print) _____

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