

# Five Rivers Council Summer Camp Medication Information Form

*REQUIRED OF EVERY YOUTH CAMPER!*



Individualized Medication Orders for: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

### Prescription Medications

Please list all prescribed medication regimens for this youth.  
Please include all scheduled medications as well as prn's.

Drug Name	Dosage	Route	Schedule/ Indications	Comments

### Standard over the Counter Medications (OTC's)

OTC MEDICATION IS DISCOURAGED AT CAMP, BUT MAY BE USED BY ORDER OF A PHYSICIAN.

The following OTC medications may be self-administered by a youth under supervision of the Health Officer, or trained designee. Approval must be indicated by the camper's healthcare provider, and these medications must be treated in the same manner as prescription medications.

Drug Name	Route	Dosage	Schedule and Indications	Comments/Initials
Acetaminophen				
Ibuprofen				
Benadryl				
Pepto-Bismol				

Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_