

Camper Medications brought from home:

Camper's Name: _____ Date of Birth: __ / __ / ____

*** **ALL** Prescriptions, Over the counter, Homeopathic/Herbal and Home remedies to be administered at camp **MUST** be in **ORIGINAL LABELED CONTAINERS** (no daily pill reminder boxes or mixed bottles) and **Prescription medications MUST** have **original prescription label for that specific camper**. *** Please write general time (ie breakfast and bedtime) that each medication is given at home. Scheduled medication administration times at Camp are: Before Morning Watch, After Breakfast, After Lunch, After Dinner and After Campfire. As needed medications can be given ... as needed. 😊 Thank you for helping us comply with Colorado Regulations and provide the best possible care for your Camper!

*If your child could need an **EPI PEN** it **MUST** accompany them to camp in the original box with their original prescription label.*

Medication Name	Instructions for administration

Parent or Legal Guardian Signature: _____ Date: _____

Camp Nurse Signature: _____ Date: _____