

Mahaffey Youth Camper Medication List

Required to be completed prior to check in at camp

Camper Name _____

Date of Birth: _____

Camp Attending: _____

Medication Instructions: Please provide all prescription and over-the-counter medication directions for your child. Place the completed medication form **and** all medications in their original containers inside a **Ziploc bag clearly labeled with your child's name.**

Campers without a completed form for their medications will be required to fill one out at registration

Medication Name & Dosage	Breakfast	Lunch	Dinner	Evening
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the above medications are "as needed" draw a line through the dosage times and write "as needed"

Any known Allergies:

Additional information that the nurse should be aware of:

Medication Return:

At the end of the week, the nurse will return all medications (including empty original bottles) to counselors for packing in the camper's suitcase or direct handoff to a parent at check-out.

Medication & Inhaler Instructions for Campers:

If your child uses a **rescue inhaler**, please place it in a **separate, labeled Ziploc bag** (with your child's name clearly marked). Counselors will carry and manage rescue inhalers during the week.

Daily Medication Times:

- Breakfast – 8:30 AM
- Lunch – 12:30 PM
- Dinner – 5:00 PM
- Evening Snack Shop – 8:00 PM

For medications needed **immediately before bedtime**, arrangements must be made with the nurse. In most cases, counselors will administer meds only under the nurse's direction.

All medical information will be kept confidential.