

Medication Instructions

Please refer to the following instructions when preparing for camp:

- You need to send a sufficient amount of all medications for the length of camp.
- If you need to request an early refill, ask your pharmacist to call your insurance for an early refill due to vacation. Some insurance companies will not allow early refills, others limit the frequency.
- All medications must be in the original pharmacy container and clearly marked with your child's name, pharmacy phone number, name of medication, and dose. Your pharmacy can supply you with an additional set of labeled containers.
- If your child is on daily-nebulized medications, please send only the medication to camp. Camp will provide broncho saline, tubing, and mouthpieces.
- Put all medications in a waterproof container clearly labeled with your child's name and birth date.
- Your child will receive a peakflow meter and spacer at camp; you do not need to send these to camp.
- Non-prescription medications (e.g., Tylenol, Ibuprophen, cold medicines, etc.) will be provided by the camp pharmacy. Daily multi-vitamins are not provided by camp and should be included if used by your child. Any non-prescription medication or multi-vitamins sent to camp must be in the original, sealed container.
- *If your child has a change in medication between the time of registration and coming to camp, please fill out the form on the back. Bring the form with you, along with any new medication, on the first day of camp.*

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MEDICATION CHANGE FORM

FOR MEDICATION CHANGES SINCE REGISTRATION

Camper name _____ Date of birth ____ / ____ / ____
Please Print

New Medications:

| Name | Dose | Frequency | Strength |
|-------|-------|-----------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Discontinued Medications:

| Name | Dose | Frequency | Strength |
|-------|-------|-----------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Prescribing Provider (_____) _____
Phone

Please make sure all medications are properly labeled

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New Medications:

| Name | Dose | Frequency | Strength |
|-------|-------|-----------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Discontinued Medications:

| Name | Dose | Frequency | Strength |
|-------|-------|-----------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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