

Individual Medication Form

Last Name: _____ **First Name:** _____

The following may be administered to your child, if needed, while at camp:

Medication	Dosage	Approval	
Acetaminophen (Compared to active ingredient in Tylenol)	Per label instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ibuprofen (Compared to active ingredient in Advil)	Per label instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DiphenhydramineHCl (Compared to active ingredient in Benadryl)	Per label instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Guaifenesin (Compared to active ingredient in Robitussin or Mucinex)	Per label instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parents or guardians, please list your child's prescription medications, over the counter medications, vitamins, herbs, and/or dietary supplements. **Camper must be able to administer own injections.**

Medication Name	Route	Dosage	Frequency and Indications	Comments

Additional Physician orders: