



FAMILY CAMP MEDICATION & CARE FORM

Please complete this form for each camper/participant and turn it in to the check-in nurse upon arrival

CAMPER NAME: _____



DOESN'T TAKE MEDICATION:

Medication	Dose	Day(s)	Time of Day	Other Instructions	Medication Returned (Initial)

REGISTRATION NURSE taking in medication from camper: _____

DESCRIBE ROUTINE PREFERRED TO RECEIVE MEDICATION:

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I authorize The Laurel Foundation medical staff to dispense medication, including prescription and over-the-counter medications, to my child/self. I am aware that Camp Mulberry will endeavor to arrange for medications to be taken at or near the times stated, or when reasonably practicable, considering camp schedules. I hereby certify that the information enclosed herein is true and correct.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

CELL PHONE RELEASED TO CAMP MULBERRY DATE: _____ INITIAL: _____

CELL PHONE HAS BEEN RETURNED TO ME DATE: _____ INITIAL: _____