

2026 Greystone Medication Station Form

Parents, please print this form, complete it, and bring it with you in a Ziploc bag with any daily medications that have been blister packed by your local pharmacy and/or have been approved for Summer 2026 by our Medication Director (margaretann@campgreystone.com). **If ALL of your medications were packaged by Whitley's, you do not need to complete this form.**

I acknowledge that I have read Greystone's Medication Policy (*online and in the Parent Handbook*) which explains:

- NO medications will be accepted that are not blister packed by a licensed pharmacist with an official printed pharmacy instruction label affixed to the package.
- State regulations require that no medications may be administered without being listed on my daughter's signed Physical Form OR without a written "order" from her physician.
- The ONLY medications that may be brought on Opening Day without speaking to the Medication Director prior to camp are prepackaged Accutane and oral birth control pills with a pharmacy label attached.
- NO over-the-counter medications that have not been packaged by a licensed pharmacist will be accepted.



Medication Policy

Parent Signature: _____ Date: _____

CAMPER NAME: _____ Camper Date of Birth: _____

Session (circle one): Junior June Main August

LIST OF MEDICATIONS INCLUDED FOR MEDICATION STATION DROP OFF:

Name of medication	Dose	How taken (inhaled, oral, etc)	Time(s) of day taken	Reason for use
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(next page for parent signature and additional info.)

(Medication List continued)

Name of medication	Dose	How taken (inhaled, oral, etc)	Time(s) of day taken	Reason for use
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- I am dropping off an approved RESCUE INHALER or EPIPEN with the pharmacy label attached.**
 - I have read Greystone’s 2026 information regarding epipens and inhalers (*online*) and know that Greystone stocks these medications throughout camp, but I feel she needs her medication to be kept at camp.
 - This emergency medication is listed on my daughter’s signed and uploaded Physical Form, and her doctor has included an Action Plan and/or specific instructions about administration.

Choose One:

- This medication should be kept in the Health Hut.
- My daughter must carry her emergency medication with her at all times and her doctor has listed this requirement on her Physical Form. She knows how to assess her need for this medication and to administer it safely. I understand that after drop-off, the nurses will account for the medication and return it to her as soon as possible on Opening Day.

SIGN BELOW on OPENING DAY at the Medication Station.

I have verified the above medication with a nurse and agree that the information provided is correct:

Parent Name: _____

Parent Signature: _____ **Date:** _____

<p>For Camp Use: * Total # of Epi-pens sent to camp: _____ * Total # of rescue inhalers sent to camp: _____</p>
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Nurse Signature: _____