

VISTA CAMPS MEDICATION ADMINISTRATION FORM

➤ Parents **MUST** bring this **PRINTED** form with medication(s) to **NURSES** on opening day check-in

CAMPER NAME: _____ BUNK: _____ SESSION: _____

Please note that all medications must be in the original OTC* packaging &/or prescription bottles. This is state law. Medication must be administered according to the *prescription or OTC label*. If the dosage is **DIFFERENT from label directions, the prescribing physician **MUST** write an order that accompanies the medication (attach that written physician order to this form). Please send medication in original prescription bottle or original OTC packaging in a zip lock bag with your child's name on it. Bring this completed *'Vista Camps Medication Administration Form'* to discuss with the nurse at camp check-in.**

Due to potential medication interactions/reactions, ANY OTC herbs, herbal supplements, energy drinks/supplements, vitamins, homeopathic preparations, etc. you want administered by our professional nursing staff **MUST include a signed statement and list of such medications from your child's physician. This statement must meet the same labeling/dosing requirements as in the above description & must contain the physician signature including *'should be administered for medical purposes.'* (attach that written order to this form)**

*OTC = over the counter medication

If this form is not received at camp the first day, your camper may miss a dose or two of their medications.

- ✓ Please read all pages of the online medical form carefully. Parents are responsible for omission of information.
- ✓ Please **PRINT** legibly since we will administer several hundred doses of medication during the term.
- ✓ Please send **ESSENTIAL** medications only.
- ✓ This form will become part of the record at Vista Camps.

LIST MEDICATIONS BELOW	DOSAGE	REASON	DAILY FREQUENCY (CIRCLE times needed)				PRN (Check if as needed)
			Breakfast	Lunch	Supper	Bedtime	
			Breakfast	Lunch	Supper	Bedtime	
			Breakfast	Lunch	Supper	Bedtime	
			Breakfast	Lunch	Supper	Bedtime	
			Breakfast	Lunch	Supper	Bedtime	
			Breakfast	Lunch	Supper	Bedtime	
			Breakfast	Lunch	Supper	Bedtime	

(Please write on back any additional information you feel the nurses need to know)

Parent's signature (REQUIRED) _____ Date: _____