

MEDICATIONS: Please do not send common over-the-counter medications like: Tylenol, Motrin, Cold medication, Antacids/Antidiarrheals, Antihistamines, etc. We have these things in our first aid kit and will administer them if needed.

All prescription medications must be in the original container with dosage instructions by the pharmacy.

INSTRUCTIONS for filling out the LLMI medication form:

PLEASE READ THIS!

1. Leave cabin/area blank
2. PRINT name of camper
3. PRINT dates of camp week
4. READ the paragraph. Write in any over the counter medications that the camper may not have.
5. Sign on the parent/representative line.
6. Fill out the **LEFT** side of the form – listing each medication.
Include: Name of medication. Can camper refuse it? How is it given (mouth?) Dose? (how many tablets?) When? (Check meals or bedtime when it is to be given.)
7. **Do not fill in the chart** on the **RIGHT** side of the form (grey area). The nurse/counselor will fill that in as dose is given.
8. **Do not sign the line at the bottom.** The person who picks the camper up on Saturday will review the form and sign there.



Cut here and bring this bottom part of the form with you to camp.

Area _____ Cabin _____
(Area and Cabin will be assigned at camp.)

LUTHERIDGE/LUTHEROCK MEDICATION ADMINISTRATION FORM

Camper: _____ **Week of** _____

*Lutheridge/Lutherock staff has my permission to administer these medications to this camper according to the dosage instructions stated below. ***Send all meds in original containers. Instructions should match container. In addition, Lutheridge has permission to administer the following as needed: Tylenol, Motrin, Cold medication and Antacids/Antidiarrheals, including Pepto-Bismol, with the exception of _____.*

Parent / Designated Representative Signature: _____

Parent fills out this part before camp week **Counselor/Nurse fills in chart during week**

Med:	Route	Dose	Give at:	Sun	Mo	Tue	Wd	Thu	Fri	Sat
Can camper refuse this med? Y / N			Br							
Special Instructions:			L							
			S							
			Bt							
Med:	Route	Dose	Give at:	Sun	Mo	Tue	Wd	Thu	Fri	Sat
Can camper refuse this med? Y / N			Br							
Special Instructions:			L							
			S							
			Bt							

Administered by:
(Name of person giving meds)

This form reviewed on Saturday by: _____ ***Date*** _____

This will be signed by the person who picks up the camper.