

CAMP CAYUGA

CAMP MEDICATION FORM

BUSINESS OFFICE: Camp Cayuga, PO Box 151, Peapack, NJ 07977 USA. (908) 470-1224, Fax: (908) 470-1228.
 SUMMER ADDRESS: Camp Cayuga, 321 Niles Pond Road, Honesdale, PA 18431. (570) 253-3133, Fax: (570) 253-3194.
 Email: info@campcayuga.com. Website: www.campcayuga.com

FOR OFFICE USE ONLY:	
<input type="checkbox"/>	Confirmed Meds
<input type="checkbox"/>	Inaccurate: _____
<input type="checkbox"/>	Health Record: _____
<input type="checkbox"/>	MARS: _____
<input type="checkbox"/>	Data Base: _____
<input type="checkbox"/>	JC or OTC
<input type="checkbox"/>	_____

LAST NAME (print): _____ **FIRST NAME:** _____

Check : Camper, or Staff Member.

Session: Full Season, 6 Weeks, First-Half, Second-Half, Mini-Session 2-Weeks, Other: _____

INSTRUCTIONS: If you're bringing medication to camp, complete this form and enclose it along with the meds in a zip-lock bag. Do not mail this form – it accompanies the meds to camp! Medication is defined as prescription medication, over-the-counter medication, and vitamins. The medications listed on this form must coincide with the meds inside the bag. Exception: Campers, who require medication for life-threatening conditions (EpiPen, Inhaler), are permitted to carry these meds on their person. (Do not enclose them in the bag.) If this applies, indicate below. If your child is not bringing medication to camp, do not complete this form. Medications must be in their original labeled container. Expired meds will not be administered. Prescription meds must be clearly labeled with the name of the med, your child's name, name of prescribing physician, frequency, dosage, and expiration date. Keep in mind the medical staff will refer only to the original container's label instructions at distribution time. No exceptions! If you want prescribed meds to be administered in a different dosage or frequency from that which is indicated on the original labeled pharmacy container, you must get a new prescription – one that includes the instructions you want on the pharmacy's container label. See Parent Handbook for details about packaging your meds for camp.

CHECK HERE IF MEDICATIONS ARE LISTED ON REVERSE SIDE.

NAME OF MEDICATION: (print)

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- Check all boxes that apply to this medication.
- Prescription medication.
 - Over-the-counter medication or Vitamin.
 - Taken on a routine basis. Taken on an as-needed basis.
 - Prescribed for a chronic illness or condition.
 - EpiPen held on person. Inhaler held on person.

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Complete below as per original container's label:

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Dosage: _____

Dosage: _____

Frequency: _____

Frequency: _____

Expiration Date: _____

Expiration Date: _____

Purpose: _____

Purpose: _____

Comments: _____

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