



CAMPER MEDICATION POLICY & FORM

(check one) **Pinnacle** July 5-11

Camper's Name: _____

Bearwallow 2 July 12-18

Swannanoa 2 July 19-24

Camper's Cabin: _____ Camper's Birthdate: _____

Pioneer July 25-30

Panther Creek July 31-Aug 5

Camper Parent: _____ Parent Cell Phone: _____

Buffalo Creek Aug 6-11

If your camper is to take medication at camp, please read and sign:

- Every medication your camper is to take while at Camp Lurecrest must be listed below.
- ALL Medications must be submitted to the nurse on the day of arrival either at camp or the buses in Charlotte.
- For your child's safety, we will no longer accept over the counter medications or vitamins. The infirmary is well stocked, and the camp nurse will be able to administer over the counter meds as needed per camp protocol. HOWEVER, should your camper be medically required to take OTC medications on a DAILY basis, such as xyzal, zyrtec, claritin, allergra or melatonin, then by state law we require a doctor's note, including dosage.
- All medication must be in the properly labeled, ORIGINAL CONTAINER with camper's name printed on the bottle.
- For your child's safety, zip-lock bags, pillboxes, non-original medicine bottles, or any other type of container besides the original pharmacy bottle, WILL NOT BE ACCEPTED.
- The dosage instructions listed on the bottle must be followed unless there is a written note from the prescribing doctor outlining different indications.

THERE WILL BE NO EXCEPTIONS TO THIS POLICY

My signature below indicates I have read and understand this policy:

Parent/Guardian's Signature _____ Date _____

Allergies: _____

————— This section for Camp Personnel Only —————

MEDICATION/DOSAGE	REASON PRESCRIBED	BFAST	LUNCH	DINNER	BED	AS NEEDED
		su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa
		su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa
		su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa
		su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa
		su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa
		su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa
		su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa
		su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa	su m tu w th f sa

Nurse Check-In: _____ Date _____

Camp Nurse 1 (print): _____ Initials: _____ Date _____ Medications given as directed.

Camp Nurse 2 (print): _____ Initials: _____ Date _____ Medications given as directed.