

Easterseals Camp Fairlee  
22242 Bay Shore Rd  
Chestertown, MD 21620  
Phone: 410-778-0566 Fax: 410-778-0567

HW.6.B.2



## MEDICATION CHANGE FORM

This form must be completed if there has been a change in medication/dosage, a PRN or a new medication has been prescribed since the original participant health history/physical form had been completed. Medication administration times are typically: 8:30AM, 12:30PM, 5:30PM, and 8:00PM other times can be accommodated, please note appropriate times.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

#1 Medication: _____	Dosage: _____
Times taken each day: _____	Route: _____
Date of Order: _____	Side effects: _____

#2 Medication: _____	Dosage: _____
Times taken each day: _____	Route: _____
Date of Order: _____	Side effects: _____

#3 Medication: _____	Dosage: _____
Times taken each day: _____	Route: _____
Date of Order: _____	Side effects: _____

Have there been any recent health care changes? Yes  No

If yes please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian/Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Nurse: \_\_\_\_\_ Date: \_\_\_\_\_