

MEDICATION FORM

Camper Name: _____ DOB: _____ Sex: _____ Age: _____ Camp Session/Dates: _____



All medications, including vitamins, supplements and over-the-counter meds that will be given to your child on a scheduled/daily basis must be listed below in the table. Please list the medications according to the time at which they need to be administered during a camp session. **This form must be reviewed and signed by a physician. NO EXCEPTIONS.**

Please fill out and upload this form by April 1st. **If you experience trouble uploading this form, you may email a legible copy/photo to office@bearrivranch.com.*

BREAKFAST – administered 8:00 am to 8:45 am

Medication	Purpose	Dosage

LUNCH – administered 1:15 pm to 2:00 pm

Medication	Purpose	Dosage

DINNER – administered 5:30 pm to 6:55 pm

Medication	Purpose	Dosage

BEDTIME – administered 8:30 pm to 9:30 pm

Medication	Purpose	Dosage

Physicians Signature: _____

Date: _____

*** This form is not needed for campers who will not be taking any medications at camp nor for campers who will only be taking medications at camp on an as needed basis.*