



## MEDICATION FORM

**Name of Camper:** \_\_\_\_\_

**Medication Allergies:** \_\_\_\_\_

ALL medication to be taken at camp must be given to the camp nurses at check-in. The nurses will be responsible for properly storing this medication and ensuring that your camper gets it.

PARENT/GUARDIAN is responsible for putting the camper's medications in a daily pill box (indicated AM or PM) and then recording below the medications the RNs are administering to your camper.

Nurses will provide any over-the-counter PRN medications that are listed below and these should not be packed with your camper.



**Medications given to the nurse (in a daily pill box) to be administered.**

	Medication	Dose/Frequency	Time (AM/PM)	Indication	Pill Description	RN Received
1.						
2.						
3.						
4.						
5.						
6.						

I hereby give permission for FCA Staff/Volunteer Nurse to give my camper medication at the Tri-State Sports Camp in Dubuque, IA during camp week June 22 - 26, 2026.

**DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

### **PRN/OTC Medications (not to be packed with your camper):**

The parent must consent to administration of these PRN Medications on the *online waiver form* during registration.

1. Ibuprofen 200 - 400 mg
2. Acetaminophen 325 - 650 mg
3. Antacid Chewable
4. Diphenhydramine HCL 25 - 50 mg
5. Loratadine 10 mg

**- - - FOR RN USE ONLY - - -**

- \* Medications have been organized in a daily pill box per parent/guardian of the camper.
- \* RN has a record of the dose, frequency, time, route, indication, and description for each medication. Initials indicate the medication(s) has been administered per RN, per parent/guardian request.

RN Signature/Initial \_\_\_\_\_

RN Signature/Initial \_\_\_\_\_

## **Prescription or PRN/OTC Medication Administration Record:**

June 22 PM	June 23 AM	June 23 PM	June 24 AM	June 24 PM	June 25 AM	June 25 PM	June 26 AM

\* Parent/Guardian must first consent for RN to administer these medications per the online medical waiver. (There are 5 PRN/OTC medications that RN may administer.)

RN Signature/Initial \_\_\_\_\_

RN Signature/Initial \_\_\_\_\_

## PRN/OTC Medication Administration Record:

Date and Time	June 22	June 23	June 24	June 25	June 26
Med # 1 - 5 Dose					

## **NOTES:**