



Conference Center & Camp

**Office use only**

## Camper Medication Record

Cabin: \_\_\_\_\_

- Please list **all** medications (prescription, **over-the-counter**, supplements, inhalers, and epi-pens)
- All medications will be checked in at registration. Bring enough medication to last the entire time at camp only. For safety no medications can be allowed in cabins.
- Please place in a **1 gallon Ziploc bag** with the camper's name and birth date written clearly in black permanent marker.
- All prescriptions must be in original containers.
- Truett Staff will initial next to (N) each time listed when the medication is administered.

Please indicate in the correct box what time to administer each med or give specific additional times:

Full Name of Camper: \_\_\_\_\_

### Medication #1:

Exact Dosage and specific instructions : \_\_\_\_\_

DAY	BREAKFAST	N	LUNCH	N	SUPPER	N	EVENING	N	Additional Times	N
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										

### Medication #2:

Exact Dosage and specific instructions : \_\_\_\_\_

DAY	BREAKFAST	N	LUNCH	N	SUPPER	N	EVENING	N	Additional Times	N
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										

### Medication #3:

Exact Dosage and specific instructions : \_\_\_\_\_

DAY	BREAKFAST	N	LUNCH	N	SUPPER	N	EVENING	N	Additional Times	N
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										

Medication Received back by: \_\_\_\_\_ Date: \_\_\_\_\_