



MEDICATION ORDERS

This form is to be completed by your home pediatrician as signed orders are required to dispense ANY medication at camp, including over the counter medications and vitamins/supplements. If your camper takes more than 4 medications, please print 2 pages of this form. Reminder: we have basic over the counter medications available as needed during the summer (such as Motrin, Tylenol, etc.) so please don't send any of these medications, only things taken on a **daily basis** OR **as needed** (e.g. albuterol inhaler, etc.) that are NOT on our list of medications we stock.

Participant's name: _____ Date of birth: _____ Prescriber's name (please print): _____

Medication Name	Indication (why does the individual take this?)	Form (tab, cap, inhaler, etc.)	Strength (how strong is each pill? mg, mL etc)	Dose quantity (how many pills per dose?)	Route (oral, inhalation, etc.)	Frequency (how many times per day? qd, bid, tid)	Time(s) (Breakfast, Lunch, Dinner, or Bedtime) Or only as needed?

Prescriber signature: _____ Date: _____ Prescriber contact information: _____

Parent/guardian signature: _____ Print: _____ Date: _____