



MEDICATION ORDER FORM

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 child takes more than 4 medications, please print 2 pages of this form. If your child takes 2 different dosed pills of the same medication, please put on two separate lines (e.g. 75mg sertraline dose split into 50mg and 25mg). Reminder: we have basic over the counter medications available **as needed** during the summer (such as Motrin, Tylenol, etc.) so please don't send anything on our standing orders unless it is taken on a **daily basis**. Visit <https://alohafoundation.org/current-families/health/> for a list of our standing orders and feel free to email our Nursing Supervisor, Gretchen Cyros, at gretchen_cyros@alohafoundation.org with any questions regarding this form!

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

Medication Name	Indication (why does the individual take this?)	Form/Route (tab, cap, inhaler, etc./oral, inhalation, topical etc.)	Strength (how strong is each pill? mg, mL)	Dose quantity (how many pills per dose?)	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 name: _____ Date: _____