



## Medication Rules & What to Bring to Camp

**RULE #1:** ALL MEDICATIONS must be turned in and stored in the designated First Aid location.

**RULE #2:** Adults are also required to turn in their medications.

**RULE #3:** No one should have medication of any kind in their dorm or with them. The exceptions to this rule are medications needed for immediate use for life-threatening conditions (i.e. rescue inhalers and EpiPens) if a doctor requires him/her to keep it on his/her person at all times.

**RULE #4:** No one is allowed to share their medication with anyone else.

### **WHAT TO BRING**

- ◇ A Ziploc bag with the person's name and church name on it with their medications inside
- ◇ A signed Medication Form (next page) in the Ziploc bag with the medications
- ◇ Prescription medication in the original container with the prescription label  
*NOTE: Bring box/container with prescription label for an inhaler.*
- ◇ Non-prescription medication in the original container, including but not limited to vitamins, supplements, over-the-counter (OTC) medications taken on a regular basis, etc.
- ◇ Age-appropriate medication in original container
- ◇ Prescription or doctor note for medication outside age-appropriate dose

### **WHAT NOT TO BRING**

- ◆ Pill boxes or organizers
- ◆ Common OTC medications taken as needed (i.e. Tylenol, Advil, Benadryl, etc.). The camp has those on hand to dispense as needed.
- ◆ Adult medications if for a child younger than dosing instructions

## PINEYWOODS CAMP MEDICATION FORM

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Church Name & City: \_\_\_\_\_

Pertinent Medical History/Condition(s) & Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

	Medication Name	Dose	Frequency
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*I hereby authorize Pineywoods Camp medical personnel to administer medication to the camper named above as described and directed above while he/she is at camp.*

**Signer Relationship to Camper:**

**Signature** \_\_\_\_\_ **Parent** **Guardian** **Self**

**Print Name** \_\_\_\_\_ **Best Phone #** \_\_\_\_\_

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***DO NOT WRITE BELOW — MEDICAL STAFF USE ONLY***

	A.M.	Noon	P.M.	Bedtime
Sat 6/14				
Sun 6/15				
Mon 6/16				
Tue 6/17				