Camp Our Time
a performing arts camp for young people who stutter

Medication Chart: Complete this form only if your child will be taking any kind of medicine during his/her stay at camp. This includes over the counter and prescription drugs, even things like Tylenol, nasal spray, Benadryl, asthma inhalers, etc. All medicines will be kept in the Camp Our Time office. Your child will not be allowed to keep any medications in their bunks. Please place all of your child's medications in 1 ziplock bag clearly marked with the camper's name. ALL MEDICATIONS MUST BE IN THEIR ORIGINAL PACKAGING; any unmarked medications cannot be administered. Please try to send only the amount of medication that your child will need while they are at camp. Please make a separate bag and complete a separate form for each camper you are sending to camp.

THIS FORM IS TO BE INCLUDED IN A LABELED ZIPLOCK BAG WITH YOUR CHILD'S MEDICATION

DO NOT SEND IN THIS FORM

Camper Name: _____ _____ _____ _____
First Last Age Sex

1) Name of Medication: _____
Type of medication (check one): ☐ Prescription ☐ Over the Counter
Instructions on administering the above Medication (dosage, time(s) of dose, with food, etc.)

2) Name of Medication: _____
Type of medication (check one): ☐ Prescription ☐ Over the Counter
Instructions on administering the above Medication (dosage, time(s) of dose, with food, etc.)

3) Name of Medication: _____
Type of medication (check one): ☐ Prescription ☐ Over the Counter
Instructions on administering the above Medication (dosage, time(s) of dose, with food, etc.)

If your child takes more than 3 types of medication, please attach additional sheets