EduAdventures Summer Day Camp
Medicine Distribution Form

Camper Name: ___________________________ Age: ____

- All medication is self-administered by participant.
- Participant must know what their medication is, be able to recognize it, know the dosage, and when to take it.
- The Camp staff will provide reminders of when medicine is to be taken.
- Due to possible side effects, the first dose of new medicine must be taken 24 hours prior to attending camp.
- All medications taken during program hours must be in their original pharmaceutical container with prescription dosage and name clearly marked.
- Camp staff will accept no more than eight weeks of medication, the amount to be verified in writing by camp staff and the parent/guardian.

Parent/Guardian Contact

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- Check here if camper does not need to take medicine during camp hours

List any allergies: ___________________________________________________________

Doctor’s Name: ____________________________________________________________

Doctor’s Phone Number: ____________________________________________________

Prescribed Medicine(s): ____________________________________________________

Amount(s) to be disbursed: ________________________________________________

Time(s) to be disbursed: ___________________________________________________

Additional Notes/Comments:
________________________________________________________________________
________________________________________________________________________

Parent or Guardian’s Signature: ____________________________ Date:__________

All forms must be completed and returned by June 15.