



# CAMPER MEDICATION POLICY & FORM

Camper's Name: \_\_\_\_\_

- (check one)  Buffalo Creek 1  
 Buffalo Creek 2  
 Bearwallow 1  
 The Narrows  
 Pinnacle  
 Bearwallow 2  
 Swannanoa  
 Pioneer

Camper's Cabin: \_\_\_\_\_ Camper's Birthdate: \_\_\_\_\_

Camper Parent: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

**If your camper is to take medication at camp, please read and sign:**

- Every medication your camper is to take while at Camp Lurecrest must be listed below.
- All medications must be submitted to the nurse on the day of arrival either at camp or the Charlotte bus depot.
- All medication must be in the properly labeled, ORIGINAL CONTAINER with camper's name printed on the bottle. Zip-lock bags, pillboxes, or any other type of container besides the original pharmacy bottle, WILL NOT BE ACCEPTED.
- For campers riding home on the bus, leftover medications will be handed to the camper as they exit the bus.
- We do not accept vitamins, supplements, or as-needed over the counter (OTC) medications. Our infirmary is well-stocked and our nurses will be able to administer as needed OTC medications per camp protocol.
- For FDA-approved OTC medications taken on a DAILY basis, submit the appropriate amount on of medication for your camper's week in a new, sealed container with the dosage listed below. (ex. Zyrtec, Claritin, Xyzal)
- A doctor's note is required for any non FDA-approved OTC medications or medically necessary supplements, such as melatonin.
- The dosage instructions listed on the bottle will be followed unless there is a written note from the prescribing doctor outlining different indications.

My signature below indicates I have read, understand and agree to this policy:

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

This section for Camp Personnel Only

MEDICATION/DOSAGE	REASON PRESCRIBED	BFAST	LUNCH	DINNER	BED	AS NEEDED
		m tu w th f sa				
		m tu w th f sa				
		m tu w th f sa				
		m tu w th f sa				
		m tu w th f sa				
		m tu w th f sa				
		m tu w th f sa				
		m tu w th f sa				

Nurse Check-In: \_\_\_\_\_ Date \_\_\_\_\_

Camp Nurse 1 (print): \_\_\_\_\_ Initials: \_\_\_\_\_ Date \_\_\_\_\_ Medications given as directed.

Camp Nurse 2 (print): \_\_\_\_\_ Initials: \_\_\_\_\_ Date \_\_\_\_\_ Medications given as directed.