girl scouts of utah

PLEASE BRING WITH YOU TO CAMP CHECK-IN ONLY IF YOUR DAUGHTER IS BRINGING MEDICATION

MEDICATION LOG

Camper's name _____ ❑ Camp Cloud Rim ❑ Trefoil Ranch ❑ Minicamp/Event
Last First

Session date _____ Session name _____

Parents please note: Complete non-shaded areas for each medication to accompany your daughter. <u>All</u> prescription and non-prescription medication needs to be in its original container. All prescription medication must be prescribed for the camper. <u>No</u> exceptions!!

I hereby give permission for Camp Cloud Rim/Trefoil Ranch/event staff to assist my child to take the following medications according to the directions on the label. Staff assists campers with their medications after the meal and at bedtime.

Please Note: For medications that are marked "as needed", your child is responsible to seek out the first aider to request her medication. The staff will not seek out your daughter to assist with "as needed" medication. At day events, overnighters, and minicamps, the camp staff cannot provide over-the-counter medications without first obtaining parental consent over the phone.

Parent/guardian signature _____ Date _____

List each medication in a new box. List exact dosage (i.e. milligrams or teaspoons). Mark the time of day the medication should be taken. List any special comments in comment box.

Inhalers, Epi Pens stay with the camper or with the camper's counselor depending on your preference.

EXAMPLE:

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
Claritin	10 mg. (1 pill)	❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ Other ❑ As needed								Must take with food.
				For Office Use Only						

DO NOT WRITE IN SHADED AREAS

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ Other ❑ As needed								

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ Other ❑ As needed								
		❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ Other ❑ As needed								
		❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ Other ❑ As needed								
		❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ Other ❑ As needed								
		❑ Breakfast ❑ Lunch ❑ Dinner ❑ Bedtime ❑ Other ❑ As needed								