



PLEASE BRING WITH YOU TO YOUR PROGRAM
CHECK-IN ONLY IF YOUR DAUGHTER OR YOURSELF
IS BRINGING MEDICATION

MEDICATION LOG

Name _____ Camp Cloud Rim Trefoil Ranch Minicamp/Event Other

Last First

Program date _____ Program name _____

Parents please note: Complete non-shaded areas for each medication to accompany your daughter or yourself. All prescription and non-prescription medication needs to be in its original container. All prescription medication must be prescribed for the individual taking the medication. No 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, overnights, and minicamps, the camp staff cannot provide over-the-counter medications without first obtaining parental consent over the phone (unless a Health History & Consent form was turned in as well).

Please sign → 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)	<input type="checkbox"/> Breakfast								Must take with food.	
		<input type="checkbox"/> Lunch									
		<input type="checkbox"/> Dinner	For Office Use Only								
		<input type="checkbox"/> Bedtime									
		<input type="checkbox"/> Other									
		<input type="checkbox"/> As needed									

DO NOT WRITE IN SHADED AREAS

Medication	Dosage	Time	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Comments
		<input type="checkbox"/> Breakfast								
		<input type="checkbox"/> Lunch								
		<input type="checkbox"/> Dinner								
		<input type="checkbox"/> Bedtime								
		<input type="checkbox"/> Other								
		<input type="checkbox"/> As needed								

