

**IF BRINGING MEDICATIONS WITH YOU TO THE PROGRAM, COMPLETE BOTH SIDES OF THIS FORM AND BRING ALONG WITH THE MEDICATIONS TO THE PROGRAM.
SELECT PROGRAMS COMPLETE THIS FORM DIGITALLY IN OUR ONLINE HEALTH CARE SYSTEM (EX. OVERNIGHT CAMP).
IF YOU HAVE QUESTIONS ABOUT THIS FORM, CONTACT INFO@GSTUAH.ORG**



MEDICATION LOG (HW.4.1 - D and HW.13.1 - AB)

IF THERE IS NO MEDICATION COMING WITH YOU TO THE PROGRAM, YOU DO NOT NEED TO BRING THIS FORM.

Name _____
Last
First

Camp Cloud Rim Trefoil Ranch Program/Event Other

Program date _____

Program name _____

Parents/guardians please note:

- Complete non-shaded areas for each medication to accompany the participant.
- **All medication (prescription, over-the-counter, herbal, etc.) needs to be in its original container. No exceptions!!**
- **All prescription medication must be prescribed for the individual taking the medication. No exceptions!!**
- **Adults and minors attending programs must have medications locked and out of access of others.**
- For medications that are marked "as needed", your child is responsible to seek out the first aider to request the medication.
 - The staff/volunteers will not seek out participants to assist with "as needed" medication.
 - At day events, overnighters, and minicamps, the staff/volunteers 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).
- Inhalers and Epi Pens stay with the person or, if a minor, they can stay with the minor or with an adult first aider attending the program depending on your preference (see separate Epi Pen Authorization form).
- When filling out this form:

<ul style="list-style-type: none"> ○ List each medication in a new box. ○ List exact dosage (i.e. milligrams or teaspoons). ○ List the route in which medication will be taken (i.e. oral or topical). 	<ul style="list-style-type: none"> ○ List the exact strength (i.e. milligrams or teaspoons). ○ Mark the time of day the medication should be taken. ○ Circle which days the medication should be taken. ○ List any special comments in comment box.
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Please note

I hereby give permission for staff/volunteers to assist my child to take the following medications according to the directions on the label and the information provided below. Staff/volunteers assists campers with their medications after the meal and at bedtime.

Please sign → Parent/guardian signature _____ Date _____

Medication	Dosage	Time	Sun	(Mon)	(Tues)	(Wed)	(Thur)	(Fri)	Sat	Comments
Example →	Claritin Tablet 10 mg. (1 pill)	<input type="checkbox"/> Breakfast								Must take with food.
		<input type="checkbox"/> Lunch								
		<input checked="" type="checkbox"/> Dinner								
Route	Strength	<input type="checkbox"/> Bedtime								
Oral	10MG	<input type="checkbox"/> Other								
		<input type="checkbox"/> As needed								

ALL MEDICATION (OVER-THE-COUNTER, PRESCRIPTION, HERBAL, ETC.) MUST BE IN ORIGINAL CONTAINERS - NO EXCEPTIONS.

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PARTICIPANT NAME: _____

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

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

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

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

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