



Camper Name: _____

Session # _____

Cabin # _____

ONLY FOR CAMPER'S WHO NEED PRESCRIPTION MEDICATIONS DURING THEIR SESSION(S) AT CAMP.

All medication will be packed out according to the following instructions and diagrams.

Please **HAND DELIVER** the medications and necessary forms to the nurse at the infirmary on the opening day of your child's session at camp. Original prescription bottles should be present as well.

Materials needed:

- * Gallon size zip lock bags
- * Pillbox or boxes for your camper's medication (Medications are given at 4 times a day. If you child takes medication twice a day, you will need two pill boxes; 3x a day=3 pill boxes, etc.)
- * Labels for zip lock bag and each medication pill box, listing all medications as well as one on each pill box with the time of day to be taken.

Medication Pack Out: icaition is to be given .

- * Label each pill box with your campers name, the site your camper is attending, session, name of medication,time medication is to be given .
- * Place the required daily dose of medication(s) in the pill box by the meal time she takes them. (medications are given bfast, lunch, dinner, and bedtime) For example- if you child takes a breakfast medication- 1 pill will need to be placed in the Monday-Saturday slots of one pill box.
- * Please pack out only the doses your child will need while at camp. Please keep any additional doses in the original container in the the large zip lock bag.
- * Complete medication form on all medications for your camper.
- * Please review our list of over the counter medication that we keep stocked in the infirmary. These will be available on an "as needed" basis. **If your camper requires any other kind of OTC med or one that is required daily, you will need to bring it to camp and check it into the infirmary.** If your child suffers from seasonal allergies, due to the nature of camp, it is recommended you send any medication they may need.
- * The Camp High Harbour Medical Staff would also like you to refrain from bringing to camp things such as vitamins, herbal supplements, and protein supplements, unless prescribed by your camper's physican.

In your gallon size ziplock please include the following:

- * All pillbox labeled with medications and campers name.
- * This form as well as the medication form.

* Large label on outside of the bag that includes your camper's name, site, session, and cabin #.



Example Pill box:

Pill box #1: Breakfast Meds: John Doe cb.5
medication A
medication B



Pill box #2: Dinner Meds: John Doe cb.5
medication A

Outside Zip Lock Bag Label:

John Doe
Rabun Gap
Session 5
Cabin 6
Allergra D
Twice a day
Bfast, Dinner

Camper Name:

Parent Authorization /Date:



YMCA Camp High Harbour Services

MEDICATIONS



PLEASE NOTE: This form and ALL medications must be brought to the Infirmary on opening day. Please do not leave in the cabin or with a counselor.

- 1. ONLY BRING THE AMOUNT OF MEDICATION NEEDED DURING SESSION!**
- 2. Place this form in ziplock bag with packout medications. (Must have original container)**

Camper's Name _____

Site: LB - Lake Burton CLK - Cha La Kee RG - Rabun Gap

What session will your camper be attending: 1 2 3 4 5 6 7 8 9 10

Camper's cabin number: Sunshine 1 2 3 4 Bullpups 5 6 7 8 TB WS LIT ALC STAFF

Is your camper allergic to any medications: _____

Medication: _____

Condition requiring treatment: _____

Amount of medication to be given: _____

How often medication is to be given: _____ Q AM BID TID QID Q PM HS (nurse use only)

When do you prefer medication to be given:
BREAKFAST LUNCH DINNER BEDTIME

Medication: _____

Condition requiring treatment: _____

Amount of medication to be given: _____

How often medication is to be given: _____ Q AM BID TID QID Q PM HS (nurse use only)

When do you prefer medication to be given:
BREAKFAST LUNCH DINNER BEDTIME

Medication: _____

Condition requiring treatment: _____

Amount of medication to be given: _____

How often medication is to be given: _____ Q AM BID TID QID Q PM HS (nurse use only)

When do you prefer medication to be given:
BREAKFAST LUNCH DINNER BEDTIME

Medication: _____

Condition requiring treatment: _____

Amount of medication to be given: _____

How often medication is to be given: _____ Q AM BID TID QID Q PM HS (nurse use only)

When do you prefer medication to be given:
BREAKFAST LUNCH DINNER BEDTIME

I authorize the Camp High Harbour medical staff to administer the above medication.

Parent Signature: _____

HAND DELIVER TO NURSE ON OPENING DAY

HAND DELIVER TO NURSE ON OPENING DAY

HAND DELIVER TO NURSE ON OPENING DAY