

Lilburn Day Camp

Bringing medication
to camp form 2022

Camper Name _____
Date of Birth _____
Parent Signature _____
Phone number _____
(if needed during camp)

MEDICATION REASON TAKING DOSAGE TIME
TAKEN

MEDICATION	REASON TAKING	DOSAGE	TIME

Please send prescription medications in original label bottle.
Non-prescription medications, please note specifics on when you want your child to be given the medication.
Medications will be kept with the nurse at First Aid (except inhalers and Epi Pens)
If your child carries and inhaler or Epi Pen, please send in this form and a copy of their Asthma Action plan.

Medications will be returned to the camper **at the closing ceremony on Friday.**

Additional info you feel would assist in caring for your camper: