



# Medical Form - 2012

For any medication to be taken or administered during camp hours, a Medication Information Form must be on file in the David Adler Center office.

Camper's Name: \_\_\_\_\_

Camper's Date of Birth: \_\_\_\_\_ Camper's Gender: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any known allergies and/or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medication Name and Strength: \_\_\_\_\_

How is the medication taken (for example, orally [by mouth] or through injection)? \_\_\_\_\_

\_\_\_\_\_

What amount should the camper take each time (dose in mg)? \_\_\_\_\_

Time of day to be taken? \_\_\_\_\_

How often should it be taken? \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

When was medication started? \_\_\_\_\_ Temporary or Permanent: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Relevant side effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.): \_\_\_\_\_

\_\_\_\_\_

Expected action if medication is not taken as directed: \_\_\_\_\_

**All medications must be in the original container and properly labeled. Campers may not hold or administer medication themselves without observance of Camp Adler staff. All medication should be left in the Adler Center offices at the start of each day.**

**Waiver:** This information is confidential and is provided to the Adler Center designee for the express purpose of helping to ensure a healthy and safe camp experience for my child. This form may be shared with medical personnel should the necessity arise and will be part of your child's medical record.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_