



PARTICIPANT HEALTH FORM 2012

PAGE 2 - ADDITIONAL MEDICATIONS

The second page of the 2011 Sky Ranch Lutheran Participant Health Form is meant to provide you with additional space to list all medications to be taken by the participant listed on the top of the first page.

YOU ONLY NEED TO FILL OUT THIS PAGE IF YOU HAVE MORE THAN ONE MEDICATION.

The guardian and physician or licensed nurse practitioner's signature on the first page also apply to the medications listed on this page.

LAST NAME: _____ FIRST NAME: _____

MEDICATION INSTRUCTION

1. All prescription medications, over-the-counter medications, and Vitamins **MUST** be in the original container with current accurate directions.
2. Pill minders, plastic bags, etc, are not acceptable for any medication.
3. Place all medication containers together in a plastic zip-lock bag with the camper's name on it.
4. Campers are responsible for going to the infirmary at specified times for medication.
5. Campers will be allowed to carry asthma inhalers & epi pens with them.

Please provide the following information for EACH medication you are bringing to camp, including vitamins and over-the-counter medication.

MEDICATION #2

Medication Name _____

Reason for Giving _____

Frequency Given: As Needed Daily _____ time(s) per day Taken with Food

Dosage _____ Special Instructions _____

MEDICATION #3

Medication Name _____

Reason for Giving _____

Frequency Given: As Needed Daily _____ time(s) per day Taken with Food

Dosage _____ Special Instructions _____

MEDICATION #4

Medication Name _____

Reason for Giving _____

Frequency Given: As Needed Daily _____ time(s) per day Taken with Food

Dosage _____ Special Instructions _____

MEDICATION #5

Medication Name _____

Reason for Giving _____

Frequency Given: As Needed Daily _____ time(s) per day Taken with Food

Dosage _____ Special Instructions _____

MEDICATION #6

Medication Name _____

Reason for Giving _____

Frequency Given: As Needed Daily _____ time(s) per day Taken with Food

Dosage _____ Special Instructions _____

