

Camper's Name _____ County/District _____

Please list all medications on both top and bottom portions of this form.

Attach one half of this form to Kansas Participation/Health Form and return to the Extension Office before camp.

Place the other half of this form in a zip bag with all medications.

All medications sent to camp must be in the original container.

Do not send over the counter medications that are available in the health center with your child.
Review a list of those items available at www.ellis.ksu.edu – 4-H Camp Central

	Name of Medication	Dosage (Amount to be given)	Breakfast (AM)	Lunch (PM)	Dinner (PM)	Bedtime (PM)	PRN (as needed)	Reason taking Medication
1.								
2.								
3.								
4.								

Allergies: _____

Other Comments: _____

**No injection will be given except in extreme emergency, such as allergy to wasp or bee sting, etc.
** Regular doctor prescription daily injections will be given by nurse, as per orders on medication.



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