



CAMPER MEDICATION CHART FOR THE CAMP HEALTH CENTER

CAMP POLICY AND INSTRUCTIONS, PER TEXAS STATE LAW:

1. All medications must be properly labeled and kept in *original containers*. Check expiration dates. *No expired medications will be given.*
2. All prescription and non-prescription medications must be presented to camp Health Center personnel upon arrival at Mt. Lebanon.
3. All medications must be stored and dispensed from the camp Health Center. Campers are not permitted to keep or self-administer any medication in accordance with Texas Department of State Health Services regulations.
4. *EpiPens or emergency inhalers may be kept with the camper.* Health Center personnel must be notified immediately when a camper uses an EpiPen. Please send an extra EpiPen or emergency inhaler to be kept in the Health Center. You will need to bring the camper to the Health Center for evaluation.
5. Non-prescription medications, such as vitamin supplements or pain relievers, will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
6. Diabetics must bring a copy of their Diabetes Management Plan.
7. Place all medications and this form in a heavy-duty, quart- or gallon-sized ziplock bag with the camper's name and church name written in black permanent marker on the outside of the bag.

(FOLD)

CHURCH NAME: _____ DOB: _____
 CAMPER NAME: _____ PARENT NAME: _____
 CAMP DATE: _____ PARENT NUMBER: _____

Medication/Dose	Route/Time <small>(circle one)</small>	Day 1	Day 2	Day 3	Day 4	Day 5
Med: _____ Dose: _____	B L D HS	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Med: _____ Dose: _____	B L D HS	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Med: _____ Dose: _____	B L D HS	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Med: _____ Dose: _____	B L D HS	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Med: _____ Dose: _____	B L D HS	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

>> Gray boxes for Health Center Use Only <<