



PLEASE RETURN THIS FORM BY JUNE 1 TO:

CAMP MAH-KEE-NAC

3 New King Street, White Plains, NY 10604

p: 800-753-9118 • f: 914-997-6063

MEDICATION FORM

Please fill this form out for our Health Center, regardless if you have registered with KIDS MEDPACKS for distribution of your child's daily medications. As a reminder, all medications that are prescription medications must be registered with KIDS MEDPACKS for packaging through our pharmacy.

Camper's Name _____ Date of Birth _____

My child takes No Medication

Please administer medications listed below:

SCHEDULE OF DAILY PRESCRIPTION MEDICATION ADMINISTRATION:

	Name of Medication	Dose	Frequency
Bkfst/Wake up:	_____	_____	_____
8-9 AM	_____	_____	_____
	_____	_____	_____
Lunch:	_____	_____	_____
12-1 PM	_____	_____	_____
	_____	_____	_____
Dinner:	_____	_____	_____
6 PM	_____	_____	_____
	_____	_____	_____
Bedtime:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

MEDICATIONS ADMINISTERED AS NEEDED:

Name of Medication	Dose	Indications	Prescription or OTC
_____	_____	_____	<input type="checkbox"/> Rx <input type="checkbox"/> OTC
_____	_____	_____	<input type="checkbox"/> Rx <input type="checkbox"/> OTC
_____	_____	_____	<input type="checkbox"/> Rx <input type="checkbox"/> OTC

Name of Prescribing Physician _____ Phone _____

Address /City/ State / Zip _____

I hereby authorize Camp Mah-Kee-Nac to administer the above listed medications to my child as directed:

SIGNATURE OF PARENT OR GUARDIAN _____