Medication Instructions

To help us safely administer your child's medication, please follow the instructions below.

What to Bring

All medications must be checked in with the camp nurse on arrival day. This includes:

- Prescription medications
- PRN (as-needed) medications
- Vitamins and supplements
- Puffers and inhalers
- Epipens
- Over-the-counter medications

If you would like your camper to carry a puffer or Epipen, please provide a **second** puffer or Epipen to be kept by the camp nurse.

Required Forms

- **Routine Medication Authorization Form** for medications given on a regular schedule.
- **PRN Medication Authorization Form** for medications given only as needed.

Preparing Your Medications

Please place all medications and completed forms together in **one clear plastic bag** labelled with your camper's **name and date of birth**.

Medications should be provided in one of:

- The original pharmacy container
- A pharmacy-prepared blister pack
- A clearly labelled pill organizer

If you use a pill organizer, please also bring the original medication containers for check-in. The original containers may be taken home after the medications have been verified by the camp nurse.

At Registration

The camp nurse will:

- Review your child's medications and authorization forms.
- Verify medication instructions.
- Ask for clarification if needed.
- Answer any medication-related questions you may have.

Printing Instructions

- Please print on **one side of each page only**.
- If additional space is required, print a second copy of the form or write additional instructions on the back of the page.

Routine Medication Authorization Form

This form is for medications dispensed into a pill box organizer and for puffers etc. This form is not needed for medications in a blister pack.

Camper Name: _____ Camper D.O.B. (dd/mm/yy): _____

Parent/Guardian Name: _____ Signature: _____

Dates Attending Camp: _____ Allergies: _____

The following medications have been provided by the parent/guardian and are to be administered by the health care team at Circle Square Ranch as instructed below:

Medication Name	Dose	Route	Time	Dates	Special Instructions
Medication 1					
CAMP USE	Morning MAR	Lunch MAR	Supper MAR	Campfire MAR	
Medication 2					
CAMP USE	Morning MAR	Lunch MAR	Supper MAR	Campfire MAR	
Medication 3					
CAMP USE	Morning MAR	Lunch MAR	Supper MAR	Campfire MAR	
Medication 4					
CAMP USE	Morning MAR	Lunch MAR	Supper MAR	Campfire MAR	

PRN (as needed) Medication Authorization Form

Camper Name: _____ Camper D.O.B. (dd/mm/yy): _____

Parent/Guardian Name: _____ Signature: _____

Dates Attending Camp: _____ Allergies: _____

The following medications have been provided by the parent/guardian and are to be administered by the health care team at Circle Square Ranch as instructed below:

Medication Name	For what symptoms should this medication be given?	Can this medication be administered according to the directions on the label?	When would you like to be contacted regarding this medication or your child's symptoms?	Any special Instructions? (ie: when should this medication not be given?)
Medication 1		__Yes __No (please explain)		
CAMP USE				
CAMP USE				
Medication 2		__Yes __No (please explain)		
CAMP USE				
CAMP USE				
Medication 3				
CAMP USE	Morning MAR	Lunch MAR	Supper MAR	