



Medication Instructions & Forms

All medication brought to camp must be left with the camp nurse. All routine and PRN (as-needed) medication must be signed in on arrival day. This includes vitamins, puffers, and over the counter medications.

If you want your camper to carry their puffer or epipen with them, **please bring a second puffer or epipen** to be left with the nurse. Due to the structure of our program, Circle Square Ranch requests that medications required throughout the year be sent with your child to camp (eg. If your child takes medication to help them with focus and routines at school, continuing to take it while at camp will help your child have a successful week).

Please have medication and forms ready to be dropped off in a clear plastic bag (labelled with the camper's name and date of birth) during registration . The nurse will look at the medications and instructions and ask for clarification if needed.

Medications that are to be given daily must be accompanied by the "Routine Medication MAR" form, and should be in a blister pack (many pharmacies will create these free of charge) or a clearly labelled pill box organizer. If you bring a pill box organizer, please also bring the original medication containers for check in. Original containers can be taken home with the parent after checking medications in with the nurse.

Medications that are to be given as needed (PRN) must be accompanied by the "PRN Medication MAR" form. Please be sure to follow the instructions on these forms so that we can provide excellent health care for your child.

Routine Medication MAR

This form is for medications that parents have 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/yyyy): _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Dates camper is attending camp: _____ Camper 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 (how is it given? ie: oral) | Time medication is to be administered | Dates to be administered (please write "every day" or date range) | Any special instructions |
|---------------------------------|--------------------|--|--|--|--|
| EXAMPLE Salbutamol Puffer | EXAMPLE 2 puffs | EXAMPLE Inhaled, using aerochamber | EXAMPLE 8 am Noon 8pm | EXAMPLE Every day | EXAMPLE Can be given 2 additional times daily if needed for wheezing |
| Medication 1 | | | | | |
| Camp Use Only: | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Medication 2 | | | | | |
| Camp Use Only: | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | | |
| | | | | | |
| | | | | | |

NOTES:

- Please only print on one side per sheet. Please print a second form if more room is needed. Additional instructions can be written on the back of paper.
- Please put all medications and this form in one clear plastic bag, labelled with camper's name and date of birth.
- Please give detailed instructions and sign on reverse of this form if medication is to be given differently than labelled.
- If you bring a pill box organizer, please also bring the original medication containers for check in. Original containers can be taken home with the parent after checking medications in with nurse.

PRN (as needed) Medication MAR

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

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Dates camper is attending camp: _____ Camper 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 is medicine to be given? | Dose | Frequency (How often can medicine be given?) | How often is this medication normally required? | Any special instructions |
|---|--|-------------------------|--|--|--|
| EXAMPLE Children's Tylenol 160 mg | EXAMPLE For earaches | EXAMPLE As per label | EXAMPLE As per label | EXAMPLE Camper gets earaches after swimming about once a week | EXAMPLE Please let me know if she has an earache for more than three days |
| Medication 1 | | | | | |
| Camp Use Only: | Symptom | Dose | Time | Route | Signature |
| Medication 2 | | | | | |
| Camp Use Only: | Symptom | Dose | Time | Route | Signature |

NOTES:

- Please only print on one side per sheet. Please print a second form if more room is needed. Additional instructions can be written on back of paper.
- Please write as per label if label instructions are to be followed (as in example above)
- Please put all medications and this form in one clear plastic bag, labelled with camper's name and date of birth.