

Stars & Stripes Athletics Summer Camp: Health Service Policy – Medication Record

THIS FORM MUST BE COMPLETED BY THE PARENT/GUARDIAN IF MEDICATION IS TO BE ADMINISTERED. EPIPENS AND/OR INHALERS MUST BE KEPT IN THE POSSESSION OF THE CAMPER, HOWEVER THIS FORM MUST STILL BE COMPLETED BY THE PARENT/GUARDIAN. ALL OTHER MEDICATIONS ARE STORED AT THE FRONT OFFICE.

Camper Name:	
Date:	
Allergies:	
Physician Name:	
Physician Phone:	
Parent/Guardian Name:	
Parent/Guardian Phone:	

SCHEDULED MEDICATIONS

Medication (name, dose, route, frequency)	Date/Hour	Date/Hour	Date/Hour	Date/Hour	Date/Hour

Date/Hour to be filled out by a Stars & Stripes Athletics Staff member once medication is administered. Staff member must initial after each time medication is administered.

