

## 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.

<b>Camper Name:</b>	
<b>Date:</b>	
<b>Allergies:</b>	
<b>Physician Name:</b>	
<b>Physician Phone:</b>	
<b>Parent/Guardian Name:</b>	
<b>Parent/Guardian Phone:</b>	

### 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.*

