



## Ecocamp Medication Administration Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Camp(s): \_\_\_\_\_ Week #(s): \_\_\_\_\_

### Guidelines

- This form must be completed for any Camper with medication, vitamins or supplements to be administered by Glen Helen staff while attending Ecocamp.
- All prescription medications will be given as directed on the original package/container.
- If there are any dosage or schedule adjustments, differing from the original prescription, you must bring signed documentation from your physician.
- Medications must be in their original containers, brought in a clear zip lock bag that has been clearly labeled with the child's name, camp, dosage and schedule listed.
- Medication is dispensed five times during each day: 8:00 am, 12:00 pm, 3:20 pm, 6:00 pm, and 9:00 pm.
- **If your camper's medication dosage must be specific to a non-listed time or they are attending a Night Camp, please discuss the dosage schedule with a staff member on registration day.**

Please list all prescription and non-prescription medications being brought to Glen Helen:

1. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Dispensing time(s): 8:00 am    12:00 pm    3:20 pm    6:00 pm    9:00 pm  
Notes: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

2. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Dispensing time(s): 8:00 am 12:00 pm 3:20 pm 6:00 pm 9:00 pm  
Notes: \_\_\_\_\_

3. Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Dispensing time(s): 8:00 am 12:00 pm 3:20 pm 6:00 pm 9:00 pm  
Notes: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**For Prescribing Physician:** Only to be completed is needed to follow medication dosage or schedule differing from the original prescription or medication container directions.

*I have approved the above information regarding prescription medication changes or non-prescription medications with dosage variations.*

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

**Additional Ecocamp Medication Administration Form to be used if the number of medications to be administered exceed the original form.**

# Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Dispensing time(s): 8:00 am 12:00 pm 3:20 pm 6:00 pm 9:00 pm  
Notes: \_\_\_\_\_

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# Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Dispensing time(s): 8:00 am 12:00 pm 3:20 pm 6:00 pm 9:00 pm  
Notes: \_\_\_\_\_

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# Name of medication: \_\_\_\_\_  
Purpose of medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Dispensing time(s): 8:00 am 12:00 pm 3:20 pm 6:00 pm 9:00 pm  
Notes: \_\_\_\_\_