

**CAMP SMILING ACRES 2010  
MEDICATION FORM**

**Medication Instructions & Special Medical Needs and/or Conditions**

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

Health Insurance Carrier/Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

NAME OF MEDICATION	DOSAGE AMOUNT	NUMBER OF PILLS/TABLETS	BREAKFAST	LUNCH	SUPPER	BEDTIME	AS NEEDED

Camp Smiling Acres keeps a medicine cabinet stocked with a limited variety of over-the-counter medications such as Tylenol, Advil, Benadryl, Tylenol Sinus, Sudafed, Mylanta, Pepto Bismol Liquid, Tums, Visine, Swim Ear, Caladryl Cream, Neosporin, Cortisone Cream, and Chiggerex. All wounds, cuts, and scrapes will be treated with a hydrogen peroxide cleansing, antibiotic or cortisone cream, and bandage. No other medication will be administered unless approved by the session Director or his designee. Your signature below indicates your approval for Camp Smiling Acres staff to administer appropriate care for minor injuries or illness and/or your approval for Camp Smiling Acres staff to administer the prescription medication(s) you have indicated above. Emergencies will be handled in a medically appropriate manner.

Does your child have any known allergies to medication, food, etc.? (circle one)    **YES**    **NO**

If **YES**, provide a detailed explanation below.

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Does your child have any special medical needs or conditions? (circle one)    **YES**    **NO**

If **YES**, provide a detailed explanation below.

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(If more space is needed, continue on another sheet.)

**Signature of Parent or Guardian:**

\_\_\_\_\_ Date: \_\_\_\_\_