

# MY KAMPER'S *Medications*

## STEP 01

List all medications you are sending for you Kamper to be given while at Kamp and circle the time in which it is prescribed or normally taken at home. At Kamp, medication is given prior to meals and at bedtime.

## STEP 02

Ensure that all medications are in their original pharmacy or manufacturer's labeled container. All prescription medication **MUST** have the Kamper's name as the recipient on the prescription bottle. Any samples must be accompanied by a signed physician prescription.

**\*\*** Please send **ONLY** the number of medications that your Kamper will need +1 while at Kamp.

## STEP 03

Sign and place this card in a resealable zip lock bag with the medications and place inside your Kamper's luggage.

*I have read and understand all the instructions on this card.  
The information listed on this form is correct and complete.  
I hereby give permission for the Kanakuk Kamp Nurse to  
administer the medications as directed.*

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Parent Signature

Date

# Medications

**NAME**

**CABIN#**

Office Use Only

Medication Allergies:

MEDICATION:

Special Instructions:

B  
L  
D  
BED  
REQUEST

MEDICATION:

Special Instructions:

B  
L  
D  
BED  
REQUEST

MEDICATION:

Special Instructions:

B  
L  
D  
BED  
REQUEST

MEDICATION:

Special Instructions:

B  
L  
D  
BED  
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MEDICATION:

Special Instructions:

B  
L  
D  
BED  
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MEDICATION:

Special Instructions:

B  
L  
D  
BED  
REQUEST

**B=Breakfast L=Lunch D=Dinner**

**Bed=Bed Time REQUEST=Only at Kamper's Request**

*Please note that all medications must be in their original container.*

*Please read complete instructions and sign on the reverse side.*

## ATTENTION PARENTS:

A completed Medication Card is **required** for all prescription medication sent to Kamp. Please ensure that this form is completed, signed, and enclosed with your Kamper's luggage. To download additional copies of this form, visit **MyKanakuk.com**.