

# 4-H Camp Medication Form

Camper's Name \_\_\_\_\_ County/District \_\_\_\_\_

Please list all medications on this form.

*Attach one copy of this form to the Camp registration form.*

*Place a second copy of this form in a zip bag with all medications.*

**All medications sent to camp must be in their original containers.**

*Do not send over the counter medications that are available in the health center with your child.*

	Name of Medication	Dosage (Amount to be given)	Breakfast (AM)	Lunch (PM)	Dinner (PM)	Bedtime (PM)	PRN (as needed)	Reason taking Medication
1.								
2.								
3.								
4.								

Allergies: \_\_\_\_\_

Other Comments: \_\_\_\_\_

**\*\*No injection will be given except in extreme emergency, such as allergy to wasp or bee sting, etc.  
\*\* Regular doctor prescription daily injections will be given by nurse, as per orders on medication.**

## CAMP SPECIAL NEEDS STATEMENT

Special Needs Statement:

4-Clover 4-H Camp group strives to be all inclusive of youth. Safety of our participants is of utmost importance to us. Therefore, if your child works under an IEP (Individual Education Plan) during the school year for any reason emotional, social, behavioral or physical and/or requires one on one attention, we ask that you share this information with your local extension staff prior to sending your child to camp. This will allow us to come up with a plan of action that is best for your child and the entire camp group.