

**Martinsburg-Berkeley County Parks and Recreation**  
**Camp Medication Form**  
**Prescription and Nonprescription Medication**

Camper(s) may self-administer medication during camp hours as long as this form has been completed and returned to the Recreation Coordinator. The lead counselor or camp staff assigned will supervise the self-administering of medication by the camper(s). The adult dropping off the camper in the morning should give all medications and this completed form to the lead counselor.

Prescription medication must be provided to the camp in the original pharmaceutical container bearing a pharmacy label which shows the prescription number, date filled, expiration date, prescribing physician's name, patient's name, name of medication, and directions for taking medication.

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

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Amount of Dosage: \_\_\_\_\_

Time of Dosage(s): \_\_\_\_\_

Days/Dates to be taken: \_\_\_\_\_

Known Side Effects/Toxic Effects: \_\_\_\_\_

\_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

▶▶ Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child has already had at least one dose of the above medication, and has not had any negative reactions. Date of first dose: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

▶▶ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED: PLEASE PROVIDE A MEDICAL NOTE FROM YOUR PHYSICIAN.**

Recreation Coordinator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Location: \_\_\_\_\_