

MEDICATION INFORMATION FORM CUBOREE 2008

Individual Form



All medications must be in the original pharmacy container with patient's name, drug and dosage clearly marked including any "over the counter" medications.

Name _____ Pack # _____

Name of Parent/Guardian _____

Phones: Home (____) _____ Work (____) _____ Cell Phone (____) _____

Doctor's Name _____ Dr's Phone (____) _____

Allergies: _____

1. Medication Name _____

Strength and Method of Administration _____

Dosage _____ Storage Instructions _____

Total Quantity Needed _____ Quantity Sent to Camp _____

Reason for medication _____

Time	M	T	W	T	F

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____

Expected action if medicine is not taken as directed _____

2. Medication Name _____

Strength and Method of Administration _____

Dosage _____ Storage Instructions _____

Total Quantity Needed _____ Quantity Sent to Camp _____

Reason for medication _____

Time	M	T	W	T	F

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____

Expected action if medicine is not taken as directed _____

3. Medication Name _____

Strength and Method of Administration _____

Dosage _____ Storage Instructions _____

Total Quantity Needed _____ Quantity Sent to Camp _____

Reason for medication _____

Time	M	T	W	T	F

Relevant Side Effects to be observed, if any: (reactions to food, dehydration, stress, hives, other meds, decreased balance, more activity, concentration, drowsiness, lethargy, etc.) _____

List other important information about this medication since access to medical information or facilities could be delayed up to 3-4 hours due to wilderness setting _____

Expected action if medicine is not taken as directed _____