

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

Please list all medications on both top and bottom portions of this form.

Attach one half of this form to Kansas Participation/Health Form and return to the Extension Office before camp.

Place the other half of this form in a zip bag with all medications.

**All medications sent to camp must be in the original container.**

Do not send over the counter medications that are available in the health center with your child.  
Review a list of those items available at [www.ellis.ksu.edu](http://www.ellis.ksu.edu) – 4-H Camp Central

	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.



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