

**Additional Page for  
Camper Medication  
Dakotas-Minnesota Area**  
United Methodist Camp & Retreat Ministry



Please bring this completed form to camper check-in. May complete list in your online account at least 2 weeks prior to camp.

**This form is intended to be a supplemental page for those who have more medications to list than will fit on page two of the Camper Medical Information and Authorization Form.**

As this is a supplemental form, please be sure you have fully read and understand the instructions listed in the Camper Medical Information and Authorization Form. As a reminder, **all medications (including over-the-counter medications) will be collected from campers at check-in. Camper medication will be stored and distributed by camp health care personnel.**

**Camper Name** \_\_\_\_\_ **Camp Session** \_\_\_\_\_

This camper **will take** the following daily medication(s) while at camp:

<b>Name of Prescription Medication:</b>	<b>Reason for taking:</b>	<b>Times given:</b>	<b>Amount/ Dose given:</b>	<b>How dose is given:</b>	<b>Pill Count:</b>		<b>Initials: (guardian and staff)</b>
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
Original Start Date: (mm/yyyy):					OUT:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
Original Start Date: (mm/yyyy):					OUT:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
Original Start Date: (mm/yyyy):					OUT:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
Original Start Date: (mm/yyyy):					OUT:		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other			IN:		
Original Start Date: (mm/yyyy):					OUT:		

**Non-prescription medications** are stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.