

# Adult Camper Medication List

## 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.

**Medication** is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Adult participants manage their own medications while at camp.** All personal medications, including over-the-counter medications, must be stored securely while attending camp, either discreetly in a locked vehicle or in another secure location.

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

Name of prescription, supplement, or over-the-counter medication:	Reason for taking:	Amount/ Dose given:

Many **over-the-counter medications** are available in the camp health center.

**Staff / Volunteers Only** – Do you require any medication that might impair your ability to perform the essential functions of your position?  **Yes**  **No**

**Please list any known medication allergies and the reaction:**

**Statement of Agreement:** I have read the information both on this page and in what was sent to me as an adult participant for this camp program. I understand my health information will be shared with camp staff on a “need to know” basis and that, as an adult, I retain primary responsibility for managing my health status while at camp. I agree to inform the camp of any changes that might impact my participation.

**Adult Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_