
Camp Adler Medication Information Form

Camper's Name: _____ DOB: _____ Gender: _____

Parent/Guardian: _____ Home Phone: _____

Family Physician Name: _____ Phone: _____

Please list any known allergies, dietary restrictions, and/or any medical or developmental conditions: _____

Medication Name and Strength: _____

How is the medication taken (for example, orally [by mouth] or through injection)? _____

What amount should the
camper take each time
(dose in mg)?

Time of day to be taken?

How often should it be taken? _____

Storage Instructions:

When was medication
started?

_____ Temporary or Permanent: _____

Reason for Medication:

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

Expected action if medication is not taken as directed: _____

All medications must be in the original container and properly labeled. Campers may not hold or administer medication themselves without observance of Chamber Camp staff. All medication should be left in the Adler Center offices at the start of each day.

For any medication to be taken or administered during camp hours, a Medication Information Form must be on file in the David Adler Center office.

Waiver: This information is confidential and is provided to the Adler Center designee for the express purpose of helping to ensure a healthy and safe camp experience for my child. This form may be shared with medical personnel should the necessity arise and will be part of your child's medical record.

Signature of Parent/Guardian:

Date:

For Office Use Only: Date Received

Received By: _____
