

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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