**Student Name**  **Student ID #**

**Parent Name Parent Phone #**

**Emergency Contact EC Phone #**

**Emergency Contact EC Phone #**

**Check All that Apply:**

**\_\_\_ My student is bringing NO over the counter or prescription medicine to camp.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**\_\_\_ My student is self medicating with over the counter (OTC) medicine at camp.**

**List all OTC medicine, including vitamins and supplements, you are bringing:**

**\_\_\_ My student is self medicating with prescription medicine at camp.**

**List Medicine Name, Reason, Dosage, Time of Day Administered, Route of Administration:**

**\_\_\_ My student is turning in to 1st Aider prescription medicine at camp.**

**List Medicine Name, Reason, Dosage, Time of Day Administered, Route of Administration:**