

CAMP ATLANTIC

The Beach Camp



Camp Atlantic
P.O. Box 7273
Mclean, Virginia 22106-7273

Tel: (703) 863-9485
www.campatlantic.org
campatlantic@cox.net

Instructions for Administering Medication

Please send this form with the Camper

Full Name of Camper: _____

Name and cell phone of primary contact for questions relating to camper's medication:

Name: _____

Cell phone number: (____) ____ - _____

Name of camper's primary physician: _____

Phone number: (____) ____ - _____

Medications taken daily:

Please indicate the name of the medication with dosage, number of pills, and time medicine should be given.

Time Given	Name of Medicine	Dosage	Number of Pills
<i>Before breakfast:</i>			
<i>At breakfast:</i>			
<i>Mid-morning:</i>			
<i>Lunch:</i>			
<i>Afternoon:</i>			
<i>At dinner:</i>			
<i>Evening:</i>			
<i>At bedtime:</i>			

CAMP ATLANTIC

The Beach Camp



Camp Atlantic
P.O. Box 7273
Mclean, Virginia 22106-7273

Tel: (703) 863-9485
www.campatlantic.org
campatlantic@cox.net

Special instruction for any of the medications listed?

Medications to be given only as needed:

Indication (reason to administer medicine)	Name of Medicine	Dosage	Number of Pills

Seizures

Does the camper have seizures? Yes No

Are there any known circumstances that may cause a seizure such as heat or fatigue?

When was the camper's last seizure?

If camper experiences a seizure:

Do you want emergency medical services to be called? Yes No

Do you want to be called? Yes No

Instructions if a camper has a seizure:

Please make sure that you have included enough medication for the length of the camper's stay at the camp!