

2026 ADVENTURE CAMP CAMPER MEDICATION PERMISSION FORM

PARTICIPANT INFORMATION

CAMPER NAME: _____

SESSION ATTENDING: _____

MEDICATION POLICY

- **IMPORTANT:** A Physician and a parent must sign this form if **any over-the-counter medications** (i.e. ibuprofen, Dramamine, vitamins, etc.) or **prescription medications** are listed.
- All prescription medications must be brought to camp in their original containers, with the doctor's instructions. DO NOT pre-dispense, place in a daily pill holder, wrap in outer materials, or ask us to dispense by other than doctor's orders. Do not bring expired medications. Medications not in original containers will not be held or dispensed at camp.
- All prescription medicines must be in **original container with pharmacy label** with prescription number, date filled, prescribing physician's name, name of medication directions for use, and the patient's name. All Over-the-Counter medications must be in **original container** and should have the camper's name written on the box.
- At least one dose of any medication **MUST** be given to camper at home before bringing to camp.

LIST OF MEDICATIONS

Medication Name	Reason Taking	Dosage	Breakfast	Lunch	Other: (specify what time)	As Needed

***I hereby request and authorize Variety Adventure Camp to give my child medication as specified above.**

Parent/Guardian Signature _____ **Date** _____

Licensed Physician Signature _____ **Date** _____

(Necessary for ANY and ALL Over-the-Counter Medication AND Prescription Medication)

Physician Address _____

Physician Phone _____

Edited 1/5/2026