

IMC: Individual Medication Card

*One card should be filled out for each different medication sent with camper. Ideally, this card is placed in a baggie along with the medication that it explains. All meds sent must be in ORIGINAL packaging.

CAMPER'S NAME: _____

Allergies: _____

Total # of different medications sent with camper: _____

Medication Name: _____

Reason Med was prescribed (use back of form if necessary)

Dosage: _____

Administer at what times? (check all that apply)

Before Brkfst Before Lunch

Before Supper At Bedtime

As Needed Other (specify time) _____

Parent Signature: _____

*This IMC should contain information for only ONE medication.

Camper # _____ (Office Use Only)

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