IMC: Individual Medication Card IMC: Individual Medication Card *One card should be filled out for each different medication sent with *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 camper. Ideally, this card is placed in a baggie along with the medication that it explains. All meds sent must be in ORIGINAL packaging. it explains. All meds sent must be in ORIGINAL packaging. CAMPER'S NAME: CAMPER'S NAME: Allergies: Allergies: Total # of different medications sent with camper: Total # of different medications sent with camper: _____ Medication Name: Medication Name: Reason Med was prescribed (use back of form if necessary) Reason Med was prescribed (use back of form if necessary) Dosage: Administer at what times? (check all that apply) Administer at what times? (check all that apply) Before Brkfst Before Lunch Before Brkfst Before Lunch Before Supper Before Supper \(\Gamma At Bedtime At Bedtime As Needed As Needed Other (specify time) Other (specify time) Parent Signature: Parent Signature: *This IMC should contain information for only ONE medication. *This IMC should contain information for only ONE medication. Camper # _____ (Office Use Only) Camper # _____ (Office Use Only) **IMC: Individual Medication Card IMC: Individual Medication Card** *One card should be filled out for each different medication sent with *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 camper. Ideally, this card is placed in a baggie along with the medication that it explains. All meds sent must be in ORIGINAL packaging. it explains. All meds sent must be in ORIGINAL packaging. CAMPER'S NAME: CAMPER'S NAME: ____ Allergies: Allergies: Total # of different medications sent with camper: Total # of different medications sent with camper: Medication Name: Medication Name: Reason Med was prescribed (use back of form if necessary) Reason Med was prescribed (use back of form if necessary) Dosage: Dosage: Administer at what times? (check all that apply) Administer at what times? (check all that apply) Before Brkfst Before Lunch Before Brkfst Before Lunch Before Supper At Bedtime Before Supper At Bedtime As Needed Other (specify time) _____ As Needed Other (specify time) Parent Signature: Parent Signature: *This IMC should contain information for only ONE medication. *This IMC should contain information for only ONE medication. Camper # _____ (Office Use Only) Camper # _____ (Office Use Only)