

# Lake Greeley Camp

**Business Office:** P.O. Box 219, Moscow, Pennsylvania 18444 • 570-842-3739 • fax: 570-842-0410

**Campsite:** 222 Greeley Lake Road, Greeley, Pennsylvania 18425 • 570-685-7196 • fax: 570-685-2660

info@lakegreeley.com • www.lakegreeley.com

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## Camp Medication Form

Last Name (print): \_\_\_\_\_ First Name: \_\_\_\_\_

Enrolled Session: \_\_\_\_\_

If your child is bringing medication to camp (prescription medications, over-the-counter medications, and/or vitamins), please place these medications inside one clear plastic resealable bag, labeled with your child's name and date of birth. The Camp Medication Form provides the camp with an inventory of medications your child is bringing to camp and ensures that all of your child's medication are accounted for. Complete this form and place it inside the plastic bag. The medications you list on the Camp Medication Form must match the medications you placed in the bag. Do not mail this form.

**Check here if medications are listed on the reverse side.**

**Name of Medication** (please print):  
\_\_\_\_\_

Check all boxes that apply to this medication.

- Prescription medication
- Over-the-counter medication or  Vitamin
- Taken on a routine basis or  Taken on an as-needed basis
- Prescribed for a chronic illness or condition
- EpiPen held on person or  Inhaler held on person

Complete below as per original container's label:

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Purpose: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Name of Medication** (please print):  
\_\_\_\_\_

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