

2010 BROWN LEDGE MEDICATION & SUPPLEMENT FORM

CAMPER NAME: _____

CHECK ONE: Is bringing medication, vitamins or nutritional supplements to
Brown Ledge _____

Is not bringing medication, vitamins or nutritional supplements
to Brown Ledge _____

Please list below ALL medications (prescription and non-prescription),
vitamins and nutritional supplements brought to camp. Please also include
directions for use and all other pertinent information.

Upon arrival at camp all such items must be brought to the camp health clinic
and discussed with the camp nurse.

1. Name of item: _____

Directions for use: _____

2. Name of item: _____

Directions for use: _____

3. Name of item: _____

Directions for use: _____

Please use back of this form for additional medications, vitamins and
supplements brought to camp.

Parent signature: _____ Date: _____

****THIS FORM MUST BE BROUGHT TO THE HEALTH CENTER AND DISCUSSED
WITH THE NURSE UPON ARRIVAL AT CAMP. PLEASE DO NOT MAIL
AHEAD OF ARRIVAL AT CAMP.**