

### 4-H Wild West Camp Medication Form

Name	Counselor	Medication Allergies	Parent's Phone #	EMAIL: mike.knutz@oregonstate.edu MAIL: OSU Extension 4-H 2050 Lafayette Ave, McMinnville, OR 97128
Medication: Bring enough medication to last the duration of camp. Prescription medication MUST be in pharmacy containers with appropriate labels; other remedies must be in original container. On check-in day bring the camper's medication in a zip-lock bag labeled with camper's name.				

Medication, vitamins or other	Frequency	<i>For Staff Use</i>											
		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	O Breakfast O Lunch O Dinner O _____												
	O Breakfast O Lunch O Dinner O _____												
	O Breakfast O Lunch O Dinner O _____												
	O Breakfast O Lunch O Dinner O _____												
	O Breakfast O Lunch O Dinner O _____												
FullSignature	Initials	FullSignature	Initials	FullSignature	Initials	FullSignature	Initials	FullSignature	Initials	<i>Staff Use Only</i>			

The following non-prescription medications may be stocked in the camp Health Center and are used on an **as-needed** basis to manage illness and injury.

**Cross out those the camper should not be given.**

- |  |  |
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| Acetaminophen (Tylenol)<br>Ibuprofen (Advil, Motrin)<br>Antihistamine/allergy medicine<br>Diphenhydramine antihistamine/allergy medicine (Benadryl)<br>Aloe<br>Calamine Lotion | Anti-itch/hydrocortisone cream<br>Antibiotic cream<br>Sore throat spray<br>Generic cough drops<br>Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)<br>Simethicone (Gas-x) |
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**Other Special Instructions:**

Parent's/Guardian's Signature	
Drop-off	Pick-up
Date	Date
Camp Health Officer Signature	
Drop-off	Pick-up
Date	Date