

## BLACK RIVER FARM & RANCH MEDICATION SCHEDULE

**\*\*\* EVERY CAMPER MUST FILL OUT THIS FORM \*\*\***

**\*\*\*We use this form to track visits to the infirmary for all campers! \*\*\***

<b>Camper Name</b>	<b>City at BR:</b> Silver / Virginia / Carson / Dodge
<b>1.</b> Is there any information you would like to provide us about your camper's health care that would affect the way we treat her symptoms?	<b><u>Medication Allergies:</u></b>

It is our policy to notify you if she stays the night in the infirmary or if she has a serious injury. In addition, we will call home if we have questions or concerns about her symptoms and/or how you would treat her at home, or if we just need to inform you of something we think you would like to know. We do our best to care for each camper as if they were our own. We look out for their best interest and yours. Please call us if you have questions, but know that we will call you if there is a problem.

- **We have listed on the Health Form the non-prescription medication we distribute in our infirmary. Please review and make a note of medication you would prefer she did not take.**

Does She take Medications Routinely?      **YES**      **NO**      If no, you are done completing this form.

**If Yes, When?** Please circle times of day she needs to come to the infirmary to receive medication. *Medication is dispensed routinely after meals.*

**Breakfast                                  Lunch                                  Dinner**

*It is up to the camper to remember to come to the infirmary to get medication; we will do our best to ensure she receives it. Please talk to her counselor if she needs reminded at mealtime.*

### MEDICATION SCHEDULES

Time of Day	Medication Name	Dosage
Breakfast	1. 2. 3. 4. 5.	
Lunch	1. 2. 3. 4. 5.	
Dinner	1. 2. 3. 4. 5.	

**ALL MEDICATION PROVIDED TO THE CAMP TO DISPENSE MUST BE IN ITS ORIGINAL CONTAINER OR PACKAGING AND HAVE DOSAGE INFORMATION LISTED BY A DOCTOR OR MANUFACTURE.**

## DAILY MEDICATION CHECKLIST

<b>Camper Name:</b>  <b>Cabin:</b>	Receives Routine Medication at:  <div style="text-align: center;"> <b>Breakfast      Lunch      Dinner</b> </div>
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**\*\*\*\*\* THIS SECTION IS FOR HEALTH OFFICER USE ONLY\*\*\*\*\***

DAY	MEDICATION				NOTES
	Breakfast	Lunch	Dinner	Bedtime	
<b>Sunday</b>	X	X			
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
<b>Sunday</b>					
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>			X	X	

**\*Bring this form with you to check-in – Do not mail in advance, because medications can change\***

**\*\*Keep a copy at home for your records\*\***

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