

Whippoorwill Farm Day Camp



7840 Whippoorwill Lane Fairview, TN. 37062
Phone # 799-9925 Fax: 799-8244
Email: camp@whippoorwill.com

Medication Information Form

Dear Parents,

If your camper will need medication at camp, please fill out this form and mail or fax to camp. Our Fax # is 799-8244 (you may give this form to the Bus Driver at your camper's bus stop when you give the bus driver your child's medication). This information is confidential and will be kept in the Health Center with camper's medication. The nurse will give camper's medications as specified and will contact you if additional information is needed.

*Over-the-counter medications and prescriptions should not be sent/brought to camp by campers. Please give all medications and instructions to the Bus Counselor or Bus Driver.

* The camp will not give campers any medications that are improperly labeled or not prescribed by a physician. We will call parents and/or physicians concerning all medications about which there are any questions involving safety.

Camper Name _____ Date of Birth _____

Parent to contact if we have questions regarding camper's medication while at camp:
Name(s) _____ Phone # _____

Physician /Health Care Provider Statement (Parents may be Health Care Provider)

Name of Medication _____

Dosage/amount to be given (each dose): _____

Frequency/specific times to administer: _____

Duration (days, weeks, or specific date) _____

Purpose/anticipated positive effects: _____

Potential negative side effects that might occur: _____

Special instruction: _____

Physician or Parent Signature _____ Date _____

Physician's name _____ Phone# _____