

PRN Form

ATTENTION: Please complete the gray box only and return with your release of claims and medical forms.

Name	Cabin	Allergies	Physician's Phone #
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PRN, ONE TIME and EMERGENCY MEDICATIONS (Parent's Please Complete this Box and Return to Camp)

Please initial any over-the-counter medical medications & give dosages you approve for your camper to receive while attending camp at Pleasant Hill Outdoor Center.

___ Tylenol ___ Calamine Lotion ___ Ibuprofen ___ Benadryl ___ 1% Hydrocortisone Cream ___ Antibiotic Cream ___ Tums or Milk of Magnesia

Does your camper require any emergency medications? Yes No If so, please check which: Eppi Pen Benydryl Inhalers Other _____

Please initial your preference. ___ I understand that emergency meds are kept with the camper while at camp.

___ Please keep emergency meds with camp personnel.

Signature of Camper's Guardian _____ **Date** _____

MEDICATION (Dose, Rout, Freq.)	Reasons for Med	Date, Time and Initials				Effects Noted

DOCUMENTATION OF OMITTED DOSE OF MEDICATIONS

MEDICATION (Dose, Route, Frequency)	Dose Omitted	Reason for Omission	Initials	