



Medications

Each camper will be responsible for taking their medications while at camp. The nurses will be available for assistance and will be checking to ensure the medications have been taken.

How to complete:

Please list all the medications to be taken **each day** under the heading "Medication and Dose". In the space under each time of day, write the number of tablets taken at that time.

For example: If your child takes Naproxen 250mgs each day at breakfast and dinner, write **naproxen** under "med" for Monday, Tuesday, Wednesday, Thursday and Friday. Beside **naproxen**, under "breakfast", write **1 tab**. Please repeat for each medication your child takes. If your child's medications change before camp please notify Jayne and they will change the form accordingly.

This form **must** be completed and returned before camp. This form can either be emailed back to camp@arthritis.ca or uploaded directly to the Camp Brain system.

Please make every effort to blister pack your medications before arriving at camp.

Name: _____

Monday, July 10th

[illegible]

Tuesday, July 11th

[illegible]

Name: _____

Wednesday, July 12th

[illegible]

Thursday July 13th

[illegible]

Name: _____

Friday, July 14th

[illegible]