

**Heart of Kansas 4-H Camp
Medication Form**

Camper's Name _____ County/District _____

Please list all medications on this form.

Attach one copy of this form to Kansas Participation/Health Form and return to the Extension Office before camp.

Place a second copy of this form in a zip bag with all medications.

All medications sent to camp must be in their original containers.

Do not send over the counter medications that are available in the health center with your child. Review a list of those items available at cottonwood.ksu.edu/ - Ellis 4-H – Events – Camp Central

	Name of Medication	Dosage (Amount to be given)	Breakfast (AM)	Lunch (PM)	Dinner (PM)	Bedtime (PM)	PRN (as needed)	Reason taking Medication
1.								
2.								
3.								
4.								

Allergies: _____

Other Comments: _____

****No injection will be given except in extreme emergency, such as allergy to wasp or bee sting, etc.
** Regular doctor prescription daily injections will be given by nurse, as per orders on medication.**

CAMP SPECIAL NEEDS STATEMENT

Heart of Kansas Camping Group strives to be all inclusive of youth. Safety of our participants is of utmost importance to us. Therefore, if your child(ren) works under an IEP (Individual Education Plan) during the school year, for any reason – emotional, social, behavioral, or physical and/or requires one on one attention, we ask that you share this information with your local extension staff prior to sending your child(ren) to camp. This will allow us to work together to come up with a plan of action that is best for your child(ren) and the entire camp group.