

**The Ramah Day Camp**  
**Medication Information Form**  
*For Medications That Will Be Dispensed at Camp*

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 || Attach ||  
 " **REQUIRED** "  
 || photo or copy ||  
 " of photo here "  
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**Until April 1, 2008**  
 Phone: 312-606-0444  
 Fax: 312-606-7136

**After April 1, 2008**  
 Phone: 847-537-9700  
 Fax: 847-537-9872

**This form must be completed every time your child needs any type of medication dispensed at camp, prescription or non-prescription (i.e., antibiotic for ear infection, Tylenol for headaches).**

Camper Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

- List all of the camper's prescription and non-prescription medication(s) to be dispensed at camp below: (i.e., Tylenol or Advil for headaches, hydrocortisone cream, etc.)
- **REQUIRED:**
  - 1) Signatures of both the physician and a parent or guardian,
  - 2) A photograph of the camper, labeled with the camper's name and grade in September 2008.

MEDICATION	DOSAGE	FREQUENCY	REASON

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**IMPORTANT INFORMATION (PLEASE REVIEW)**

1. Each medication must be sent to camp in its original prescription container, never in a baggie or envelope. Please make sure that the container is properly sealed to avoid spillage.
2. All prescription medication must have a pharmacy label, which includes camper name, date, physician's name, dosage and frequency. We will not administer medication that is incorrectly labeled. Please make sure the directions are current. If the dose or frequency has changed, please have your pharmacist re-label the medication.
3. Non-prescription items must have the child's name written on the container.
4. Please send enough medication to last the entire camp season.
5. When your child is picked up in the morning, give all medications to the bus counselor. Upon arrival at camp, the bus counselor will give all medications to the nurse.
6. If any of your prescription or non-prescription information changes, or if a new medication is started after you have sent in this form, please complete a new medication form. You can obtain additional forms from our website [www.ramahday.com](http://www.ramahday.com) or by calling the camp office. This form may be faxed to our office directly.
7. **PLEASE REMEMBER TO FOLLOW STEPS ONE THROUGH FOUR ABOVE.**  
**MEDICATIONS WILL NOT BE DISPENSED WITHOUT A PHYSICIAN'S SIGNATURE.**

**Please complete and return this form by April 1, 2008 to:**  
**Ramah Day Camp, 65 E. Wacker Pl., Suite 1200, Chicago, IL 60601**