

Circle: Session 1 June 14-20 Session 2 June 21-July 3 Session 3 July 6-18 Session 4 July 20-August 1 Session 5 August 3-15

Circle: Pathfinders Main Camp TYC Voyagers Explorers Rangers LIT CIT Staff Trip: _____

McGaw YMCA Camp Echo Scheduled or Prescription Med Form

Complete this form **only** if you are sending/bringing scheduled* or prescription medications to camp.
Do not bring non-scheduled over-the-counter "just in case" meds (e.g. pain relievers, etc) – camp has them.

Please complete in full and return at least **four weeks prior** to the participant's camping experience to:
McGaw YMCA, Program Support Office, 1000 Grove Street, Evanston, IL 60201.

Participant's Name (Last, First) _____ Home Phone _____

Adult's Name (with whom child resides) _____ Work Phone _____

Parent/Adult Signature _____ Date _____

LIST ALL SCHEDULED* OR PRESCRIPTION MEDICATIONS:

Are there any scheduled or prescription medications that are taken during the school year which you are stopping for your time at camp and will not be bringing to camp? _____ If yes, what? _____

Medication #1: _____ Name of Physician (if prescribed): _____

Dosage: _____ Given at (circle applicable): breakfast lunch dinner bedtime ... or ... as needed

Physician's Phone and Address (if prescribed): _____

Medication #2: _____ Name of Physician (if prescribed): _____

Dosage: _____ Given at (circle applicable): breakfast lunch dinner bedtime ... or ... as needed

Physician's Phone and Address (if prescribed): _____

Medication #3: _____ Name of Physician (if prescribed): _____

Dosage: _____ Given at (circle applicable): breakfast lunch dinner bedtime ... or ... as needed

Physician's Phone and Address (if prescribed): _____

Medication #4: _____ Name of Physician (if prescribed): _____

Dosage: _____ Given at (circle applicable): breakfast lunch dinner bedtime ... or ... as needed

Physician's Phone and Address (if prescribed): _____

INSTRUCTIONS FOR STAFF AND CAMPERS

- (1) ***A scheduled medication is any drug, prescribed or not, taken on a regular basis, including vitamins.**
- (2) Medications must be in the **original bottle or container** (with medical orders and physician's name if prescription).
- (3) Please try to send/bring only the exact amount of medication to be used during the participant's stay at Camp Echo.
- (4) Include a physician's prescription, if possible, if a refill of a prescription drug will be required while at Camp Echo.
- (5) **Do not bring non-scheduled over-the-counter "just in case" meds (e.g. pain relievers, etc) – camp has them.**
- (6) If arriving at camp by car, an adult should deliver medications directly to a Camp Echo Health Officer in the Clinic.
- (7) All medications will be held by the Camp Echo Health Officer and distributed at meals, bedtime, or as needed.

ADDITIONAL INSTRUCTIONS FOR CAMPERS RIDING THE BUS TO CAMP

- (8) All medications must be brought to the registration table at the McGaw YMCA on the day of departure.
- (9) The empty (or near-empty) medication containers will be packed in the participant's luggage for the trip home.

Medications **must not** be packed in the camper's luggage for the bus ride to camp.
Medications **must** be turned in to the YMCA staff on the morning of your departure.