

Circle: Session 1 June 12-18 Session 2 June 19-July 1 Session 3 July 3-16 Session 4 July 18-30 Session 5 August 1-13

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

McGaw YMCA Camp Echo Scheduled or Prescription Med Form

Complete this form **only** if you are sending/bringing scheduled* (see footnote 1) 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 _____

sign here → Parent/Adult Signature _____ Date _____

LIST ALL SCHEDULED* OR PRESCRIPTION MEDICATIONS:

If meds change before camp, print a new form off our website, fill it out, and bring it when you drop off your camper.

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.

If meds change before camp, print a new form off our website, fill it out, and bring it when you drop off your camper.