

2011 CAMPER—CIT MEDICATION ** CHART

- ** **Note:** "Medication" is any substance a camper/CIT takes to maintain and/or improve her health. This includes vitamins and natural remedies.
1. If your daughter will be taking medications – including prescription, vitamins, natural remedies – during her time at Kamaji, please complete the form found on the reverse side and enclose in a large Ziplock bag along with any and all medications your daughter will be taking while at camp.
 2. Please review camp instructions about required packaging/containers. (See #1 on Page 12 in the **2011 Parent Handbook**.) Minnesota requires original pharmacy containers with labels which show the camper's name and how the medication should be given.
 3. Provide enough of each medication to last the entire time the camper will be at camp.
 4. Please mail this form with all of your camper's medications two weeks before camp begins (June 4th for first session and eight week campers; July 2nd for second session campers). This will allow us time to carefully review all instructions as they relate to each medication to ensure that we are dispensing same as directed . . . and to telephone you with any questions before your daughter arrives.
 5. Please do not send over-the-counter medications such as Tylenol, Ibuprofen, cough syrups, etc. which we always stock in Club Med . . .
. . . unless your daughter is taking an OTC medication for a chronic ailment such as
 - . . .OTC Claritin and Loratadine for allergies
 - . . .OTC Lactaid and Lacteeze for lactose intolerance
 - . . .Tums as a calcium supplement
 6. If you are sending vitamins (which we will dispense) for your daughter, we ask that you send a small bottle (and **not** a gigantic one containing 100+ vitamins as they are unwieldy and prove difficult to store in our limited Club Med cabinet storage space).
 7. This form, along with medications, should be enclosed in a large Ziplock bag with your daughter's name appearing on all bottle/packaging labels as well as on Ziploc (Please see #10 on Page 13 in the **2011 Parent Handbook** for more specific information) . . .
. . . and please mail in an appropriately sized package or bubble envelope to:

Camp Kamaji for Girls
Attention: Club Med
32054 Wolf Lake Road
Cass Lake, MN 56633
 8. Questions: Please email kathy@kamaji.com.

CAMPER NAME: _____

Please list all daily and as-needed medication(s), both prescription and over-the-counter, as well as vitamins and/or supplements.

Name of Medicine/ Strength of Dosage	Reason for Taking	How Often? √ Times of Day to Dispense	Prescribing Doctor/ & Phone Number	Special Instructions
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		

PARENT SIGNATURE _____ and/or PHYSICIAN SIGNATURE _____

NOTE: If camper.CIT uses any kind of inhaled medication for allergies and/or asthma, please list her peak flow zones:

Green Zone: > _____ Yellow Zone: Between _____ Red Zone: < _____

— Please turn over to list additional medications —

Name of Medicine/ Strength of Dosage	Reason for Taking	How Often?/ √Times of Day to Dispense	Prescribing Doctor/ & Phone Number	Special Instructions
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____		
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