

<p style="text-align: center;"><u>Camp Use Only</u></p> <p><input type="checkbox"/> Check Labels</p> <p><input type="checkbox"/> Reviewed Schedule</p> <p><input type="checkbox"/> Parental Signature</p> <p><input type="checkbox"/> Counselor List</p> <p>BPS Admin's Signature: _____</p> <p>Page _____ of _____</p>	<p>Name: _____, _____</p> <p style="text-align: center;">(Last) (First)</p> <p>Assigned Primary Counselor: _____</p> <p>Dates of Camp: _____</p> <p>Allergies or Special Conditions: _____</p> <p><b>Parent or Guardian Signature:</b> _____</p> <p>Parent's Address: _____ City/State _____</p> <p>Parent's Phone/Cell # _____</p>
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Camper

**All prescription medication must be in original RX container with name and dosage.** Please be sure all containers, including over-the-counter medications are marked with camper's name. Meds will be dispensed by Blue Point Stables, LLC's Directors or an adult Staff Counselor.

Medication Name Reason for Medication	Dosage and Frequency	Medication Times For Parent/guardian to fill out	FOR STAFF ONLY TO FILL OUT							
Example: Zyrtec for allergies	Example: 1 tab 1x/day	Place a X below, in all that apply.	<ul style="list-style-type: none"> <li>Initial boxes when a med is given.</li> <li>Place a X in the box when a scheduled medication is NOT taken.</li> <li>Initial in med time when a PRN (Pro Re Natta) is given.</li> </ul>							
		As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	
		8:30 AM (or )								
		1:00 PM (or )								
		6:30 PM (or )								
		9:00 PM (or )								
		As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	
		8:30 AM (or )								
		1:00 PM (or )								
		6:30 PM (or )								
		9:00 PM (or )								
		As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	
		8:30 AM (or )								
		1:00 PM (or )								
		6:30 PM (or )								
		9:00 PM (or )								
		As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	
		8:30 AM (or )								
		1:00 PM (or )								
		6:30 PM (or )								
		9:00 PM (or )								

Parental signature indicating pick up of above medications at week's end: \_\_\_\_\_