

Conrad Weiser Middle School N.E.E.D. Camp Medication Form

Conrad Weiser Middle School

347 East Penn Avenue

Robesonia, Pa 19551

FAX: (610) 693-8543

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Middle School Nurse's Office: (610) 693-8542

All forms due to the School Nurse by Monday, April 8, 2024

Student's Name: _____

Medication: _____

- List only one medication per form; make as many copies as needed for multiple medications.
- Medication **MUST** be sent to the nurse the Wednesday before camp.
- Medications must be in the original container and labeled correctly. (The container must be labeled with the name of medication, amount or dose to be given, time to be given, your child's name, and the name of the prescribing doctor.)
- Only send enough medication for camp. Keep excess medication at home.
- All medication (including over the counter medications) will require a physician's signature.

Dosage: _____

Time to be Given: _____

Reason for Medication: _____

Physician's Name: _____

Physician's Signature: _____

Any/Additional Special Instructions: _____

Date: _____

Signature of Parent/Guardian: _____

Best Contact Phone Number: _____

Monday morning medications are to be given at home.

Do not pack any medication in luggage or backpacks including inhalers or over the counter medications.