



Scheduled Medications List Form

Please complete the scheduled medication list and as needed/PRN medications form below. Please bring the completed form with you to each session check-in, along with the prescription bottles.

All pill form medications must be brought to check-in pre-set. If medications are not brought pre-set this will slow down your check-in process and you will be asked to pre-set your medications before getting into the health care check-in line.

1. All medications (including over-the-counter medications) **MUST** come pre-packaged or in pharmacy packed containers, and need to be clearly labeled with:
 - a. Participants legal first and last name
 - b. Drug name and dosage
 - c. Current amount to be administered
 - d. Time of administration
2. In order to pre-set your medications, please request pre-set medications at the time of your annual physical or call your Pharmacy or Primary Care Physician (PCP) to request "your prescription(s) and regularly taken over-the-counter medication(s)/supplement(s) be filled for the camp sessions of (dates) in bubble or pill packs." Contact your pharmacy and ask about multi-dose medication packets as packaged below. If they don't provide pre-set medication packs, ask for a recommendation such as a Medi-Set or Medication envelope with med label.



3. All medications, including over-the-counter medications, treatments and vitamins, prescription lotions, creams, shampoos, will be turned in and reviewed by staff during check-in.
4. Please provide enough medication for the duration of your session plus two extra days.
5. Please supply any specialty medication supplies necessary for the camper. For example syringes, "special" foods to promote medication administration.
6. Unused medications/supplies will be returned on the day of departure.
7. If possible, adjust your medication schedule to match camp's medication schedule: 8 a.m. (AM), 12:30 p.m. (AFT), 5:30 p.m. (PM) and 8:30 p.m. (HS).
8. Complete all your forms before you come to check-in. If they are not completed this will slow down your check-in process and you will be asked to complete all forms before getting into the check-in line.

True Friends Health Care - Scheduled Medication List

Form Instructions: Please fill out the form below per the examples given. All greyed out boxes and text are for staff use only.

Name: _____

Age/DOB: _____

Session: _____

Medication Name & Strength (E.g. Ibuprofen 500mg)	Quantity (E.g. # of pills/ drops/sprays)	Frequency (E.g. 2x/day)	Route	Reason/Comments (E.g. I take it for headaches)	Administration (E.g. What time(s) during the day?)	See HC Notes	Date 2019									
					8 a.m. (AM) 12:30 p.m.(AFT) 5:30 p.m. (PM) 8:30 p.m. (HS)											
					8 a.m. (AM) 12:30 p.m.(AFT) 5:30 p.m. (PM) 8:30 p.m. (HS)											
					8 a.m. (AM) 12:30 p.m.(AFT) 5:30 p.m. (PM) 8:30 p.m. (HS)											
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					8 a.m. (AM) 12:30 p.m.(AFT) 5:30 p.m. (PM) 8:30 p.m. (HS)											
					8 a.m. (AM) 12:30 p.m.(AFT) 5:30 p.m. (PM) 8:30 p.m. (HS)											

Print Name	Signature	Initials	Credentials

Responsible Party Signature: I have pre-filled my participants medications and I give True Friends staff permission to administer the medications as they have been prepared.

True Friends Health Care - As Needed/PRN Medication List

Form Instructions: Please fill out the form below per the examples given. All greyed out boxes and text are for staff use only.

Name:

Age/DOB:

Session:

Medication Name & Strength (E.g. Ibuprofen 500mg)	Quantity (E.g. # of pills/ drops/sprays)	Frequency (E.g. 2x/day)	Route	Reason/Comments (E.g. I take it for headaches)	Administration (E.g. What time(s) during the day?)	See HC Notes	Date 2019								
					8 a.m. (AM) 12:30 p.m.(AFT) 5:30 p.m. (PM) 8:30 p.m. (HS)										
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Print Name	Signature	Initials	Credentials

XResponsible Party Signature: I have pre-filled my participants medications and I give True Friends staff permission to administer the medications as they have been prepared.