



Individualized Orders

Medical Review: _____

Camper: _____ Date of Birth: _____ Weight: _____

The following form must be completed and signed by the child's physician/health care provider if your child:

- Needs to take any standard Over the Counter Medications "As Needed", provided by the parent / guardian (Part I)
- Needs to take any routine Prescription Medications, provided by the parent/guardian (Part II)
- Needs to take any Medications "As Needed" or for emergencies (Epi-Pen, Inhaler, etc), provided by the parent / guardian (Part II)

Please Note:

1. This form does NOT need to be completed or returned if your child will not be taking any medications under any circumstances during their time at camp.
2. Vassar College does not provide any over-the-counter medications for campers
3. All medications provided must NOT be current/ NOT expired

Part I: Standard Over-the-Counter Medications: YOU MUST PROVIDE THESE MEDICATIONS IN THE ORIGINAL, LABELED CONTAINER. (They will be stored in the Sports Medicine Office(s) and/or with the Camp Health Director or designee and will be administered as needed , in accordance with the camper's written health plan).

Drug Name	Route	Dosage & Schedule	Indications (why needed)	Physician Initials	Comments

Part II: Prescription Medications: YOU MUST PROVIDE THESE MEDICATIONS IN THE ORIGINAL, LABELED CONTAINER. (They will be stored in the infirmary and/or with the Camp Health Director or designee and will be administered as needed , in accordance with the camper's written health plan). Please complete with the camper's current regimen for both scheduled and "As Needed" medications (ie. Epi-Pen, Inhaler, etc)

Drug Name	Route	Dosage & Schedule	Indications (why needed)	Physician Initials	Comments

Parent / Guardian's Signature: _____ Date: _____

The following information to be completed by the camper's healthcare provider:
Form will not be accepted if not filled out in it's entirety.

Camper's Healthcare Provider Name: _____ Phone #: _____
Address: _____ License #: _____
Physician's Signature: _____ Date: _____