



NAME OF STAFF MEMBER  
\_\_\_\_\_

**Medical Update Form**  
**FOR STAFF ARRIVAL DAY ONLY**  
**DO NOT PACK IN LUGGAGE**

Select One:

- Medications and Medical Information has NOT CHANGED from the originally submitted forms.\*
- There ARE changes to the medications or medical information from the originally submitted forms.

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please provide just enough medication and vitamins Just for the week in compact packaging.
- Please label the appropriate sized Ziploc bag, insert this completed form along with the medications and hand directly to the CSA staff at check in.

\*Fill out completely again, even if no changes from original form

This camper/staff DOES take medications. I have listed all medications, including over-the-counter drugs and vitamins that will be taken while at camp. I attest and confirm that I have (a) valid prescription(s) authorizing the medication, dosage, and administration frequency for this camper/staff.

Medication	Reason Taking	Date started this medication or dosage.	Dosage	Breakfast	Lunch	Dinner	Bedtime	Other	As needed

\_\_\_\_\_  
SIGNATURE ( or PARENT/LEGAL GUARDIAN IF A MINOR)

\_\_\_\_\_  
DATE

Give meds and this form to CSA staff directly.  
Do not pack with luggage