



NAME OF CAMPER

Medical Update Form

FOR CAMPER 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 OF PARENT OR LEGAL GUARDIAN

DATE

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