



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