

Camp Eagle Medication 2026

June 2– 6, 2026

Participant Name. _____

Supplements & Medication

Medication is ANY substance a person takes to maintain and/or improve health. This includes vitamins, supplements and other remedies. By signing below, you are authorizing Preston Trail representatives to provide the medication described herein to the participant as specified.

Medication instructions:

- List any and all medications that the participant will be expected to take.
- **Send all medications in the ORIGINAL prescription bottle or package it came in.** A prescription medication must have prescription label with your child’s name, doctor, and pharmacy clearly stated.
- Place medications in a large Ziploc bag with your child’s name clearly marked.

Your initials indicate that you understand all of the risks associated with the medications the participant is taking.

Initial _____

Medication	Date Started	Reason for Taking	Dosage Amount	To Be Given at	
				Breakfast	
				Lunch	
				Dinner	
				Bedtime	
				Other	
				Breakfast	
				Lunch	
				Dinner	
				Bedtime	
				Other	
				Breakfast	
				Lunch	
				Dinner	
				Bedtime	
				Other	
				Breakfast	
				Lunch	
				Dinner	
				Bedtime	
				Other	
				Breakfast	
				Lunch	
				Dinner	
				Bedtime	
				Other	
				Breakfast	
				Lunch	
				Dinner	
				Bedtime	
				Other	

Signature _____

Date _____

Printed name _____