

Community Partnerships of Idaho Current Medications (Please Print)

Use a second page if you have more meds than this form accommodates.

Patient Name: _____ Date of Birth: _____

Medication Ordered	Dosage	Reason/Special instructions	CPI USE ONLY			
Breakfast/Brunch						
Lunch/Afternoon Snack						
Dinner						
Medication Ordered	Dosage	Reason/Special instructions				
Bed						
Other Times						
Medication Ordered	Dosage	Time Reason/instructions				

Physician Signature: _____

Date: _____



NO Medications

Community Partnerships of Idaho Approved PRN Medications (Please Print)

Patient Name: _____

Date of Birth: _____

PRN Medications	Give as Directed MD initials	How Often (frequency)	Dose	Reason	CPI USE ONLY				
Tylenol									
Ibuprofen									
Aspirin									
Naproxen									
Anti-Itch Cream									
Benadryl									
Sunscreen									
Sleep Aid									
Melatonin									
Cold Medicine									
Cough syrup									
Dramamine									
Antibiotic Ointment									
When attending a camp or trip with CPI the food may be different then they are used to, and they may have a problem with irregularity. Please let us know what they can have to keep them comfortable if issues arise.									
Immodium									
Miralax									
Mylanta									
Milk of Magnesia									
Pepto-Bismol									
Tums									
Colace / Delcolax									
Acid reducer									
Simeticone									
Other:									

Physician Signature: _____ Date: _____

(Printed)Name of Physician: _____ Phone Number: _____



*****If Attending CPI Camp and the participant is NOT on ANY medications, your physician still MUST sign the PRN side of this form in order for ANY PRN's to be assisted with.**

Camp Partnerships Medication guidelines and Policies

Participants WITH daily medications

Instructions for current medications page:

If the participant has daily prescription medication or supplements (including vitamins) you will need to list all of the current medications they take on the current medication form.

List the medication under the corresponding time they are to take it.

Please fill in the medication name, dosage, reason and any special instructions. If you need more room for special instructions please write them on the back of the form.

You will need to make sure your doctor signs the bottom of the form and dates it.

If you have more medications than fit in the space provided please fill out a second form and add the rest of the medications to the second page. The second page will also need to be signed by the doctor.

Participants WITHOUT daily medications

Instructions for current medication page:

Participants that do not have any daily medications must also have this form signed by their doctor and the **no medications box must be checked**.

Participants that may need to take PRN (as needed) medications while at camp

Instructions for PRN Medication form:

Be sure that all the required information is filled in for each medication they have permission to take. Please include if it can be taken as directed, how often, dosage and the reason they should take the medication.

Please have your doctor initial the PRN form (in the as directed column) for each medication that they are authorizing us to assist with.

You must also have your doctor sign and date the bottom of the form.

We cannot give any PRN medication if this form is not signed.

Medication packing requirements

It is imperative that all medications both prescription and over the counter **MUST** be in the original bottles, bubble pack or other original container.

The medication bottles or packaging must have the participants name, medication name, dosage and frequency.

We would prefer you talk to your doctor and ask them to write a script just for that week and then have the pharmacy pack just the medications they will need for that week of camp in bubble packs or prescription bottles. This is much easier for us and is the method that works the best to ensure medications are correct and accurate.

If you have the pharmacy pack the meds for just that week, the packaging must include the participants name, medication name, dosage and frequency.

Due date for medications

All medications must be delivered to your local CPI office by June 28th in order to assist in registration of the campers. Late medications may cause forfeit of the campers reserved spot at camp.

Participants that have a change to medications before camp

You will need to get an updated form or signed note from your doctor to ensure that it matches the medications you give us.

If the medications that you send in do not match your form or we do not have an updated note from the doctor this could make it so you are unable to attend camp until the form is updated to match.

Medication times at Camp Partnerships Please note that regular medications are given at 10:00AM (Brunch), 1:30PM (Snack/lunch), 5:30PM (Dinner), 9:00PM (Bed) and other times needed outside of those.