



MEDICATION MODULE

Generic or Brand Name

* Medication Name ?

Claritin

Amount of Medication in a Single Dose

* Strength ?

5 mg tablet, chewable

Amount Taken at any One Time

If med is given 2x/day, indicate amount given at one time & select both times under Times Given

* Dose Quantity ?

Numbers Only

Physical Form of a Dose of Medication

e.g. - pill, liquid, capsule
Do not enter quantity

* Dose Form ?

Dose Form

* Frequency ?

Daily

Times Given ?

Breakfast

Lunch

Dinner

Bedtime

As Needed

Regimen Medication is Given

Daily - every day
Interval - every X days
Scheduled - specific days of week

Continuously vs. Specific Dates

Taken throughout entire program vs. specific interval

* Dates to Give ?

Continuously

* Why does Danielle take this medication? ?

Severe allergies

Condition for which Medication is Given

Specific Time(s) of Day Medication Should be Given

If med is given 2x/day, select both times under Times Given
If med is given as needed, check As Needed box

Special Instructions

Directions for storing or administering medication (e.g. crush pill and add to food)

* Will Danielle be taking this medication at Camp Maple?

Yes No

Special Instructions ?

CANCEL



SAVE NEW MEDICATION

Remember to click SAVE!

We want to keep your kids healthy and safe!



We ALL play a vital role in ensuring that medications are documented accurately and administered correctly and safely.



Use this guide to help you complete the Medication module* in your child's account.

*Note: There may be slight variations in module fields, depending on your program

A Guide for Families & Participants