

**VERY IMPORTANT!    Medicine Reminder    PLEASE READ!**  
*for Parents*

- Medicines at McDowell Farm School are subject to the same rules as medicines brought to school for administration by the school nurse
- Scheduled medication times are: Before Breakfast, After Breakfast, After Lunch, Canteen, After Dinner, and at Bedtime.
- Prescription medicines **MUST** be in their original containers and have a label containing the following:
  - Student Name
  - Name of Prescription Drug
  - Strength of Prescription Drug
  - Administration directions (“give as directed” is **NOT** acceptable)
  - Parents must indicate what time medication is to be taken. Please be specific: “Before breakfast” rather than “In the morning”.
- Please remember that parents **must provide any over-the-counter medicines** they anticipate their child may need.
- If your child takes a daily over-the-counter medicine, please follow the labeling instructions above for “Prescription Medicines”.

*\*\*If your child requires an Epi-pen or other injection, please contact the Camp Nurse or EMT at 205-387-1806 ext. 119 or EMT@CampMcDowell.com*

Stacey Glenn, R.N., Camp McDowell Nurse  
Brandon Phillips, Wilderness-EMT, Camp McDowell Medic

**Medication Packing Sheet for Parents**

Please place this sheet in a bag with your child’s medicine. All information must be completed by a parent or legal guardian. Please fill out the information for both prescription and over the counter medicines.

**Student’s Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**PRESCRIPTION MEDICATIONS:**

Circle time(s) to administer this medicine to the child, choosing from the following:  
**B\***= Before Breakfast, **B**= After Breakfast, **L**= After Lunch, **C**=Canteen (4PM), **D**= After Dinner (6:45PM), **HS**= At Bedtime  
 \*If a time is not selected, medicines will be given after breakfast.

Medication:	Dosage:	Reason:	Time Given: <b>B*   B   L   C   D   HS</b>
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Medication:	Dosage:	Reason:	Time Given: <b>B*   B   L   C   D   HS</b>

**OVER THE COUNTER (OTC) MEDICATIONS:**

ALL OTC MEDICATIONS **MUST** BE PROVIDED BY PARENTS/LEGAL GUARDIANS OF THE STUDENT. Circle “As Needed Only”, if medication is not taken daily.

Medication:	Dosage:	Reason:	Time Given: <b>B*   B   L   C   D   HS   As Needed Only</b>
Medication:	Dosage:	Reason:	Time Given: <b>B*   B   L   C   D   HS   As Needed Only</b>
Medication:	Dosage:	Reason:	Time Given: <b>B*   B   L   C   D   HS   As Needed Only</b>