

CONFIDENTIAL

2012 – 2013

Outdoor Odyssey Medical Report

ALL prescriptions, over-the-counter medications, vitamins, and herbal products are collected and administered by the staff and **MUST** be in original containers with labels and dispensing instructions.

PARTICIPANT

Name _____ School District _____
Street _____ City _____ State _____ Zip _____
Phone Number (include area code) _____

MEDICATIONS AND REASON FOR PRESCRIPTION

Drug Name _____

Prescribed For: _____

Drug Name _____

Prescribed For: _____

Drug Name _____

Prescribed For: _____

Drug Name _____

Prescribed For: _____

Drug Name _____

Prescribed For: _____

PERTINENT MEDICAL HISTORY / SPECIAL CONCERNS

ALLERGIES (Food, Medications, or Environmental)

SPECIAL DIETARY CONCERNS

Cabin Assignment _____

**BRING THIS FORM WITH
YOU TO CAMP**