



June, 2011

Hello Campers & Parents:

Welcome to the 2011 Warhawk Boys' Guard/Big Man Basketball Camp! We will to make this time one of the best basketball experiences you'll ever have. Listed below is important information you'll need to prepare for the camp:

- Check-in will be between 5:00 - 6:00 pm on Sunday, June 26, at Knilans Hall—see enclosed map.
- Campers staying overnight in the residence hall must bring their own bedding: 2 sheets, a blanket, pillow (or sleeping bag if that is more convenient) and their own towels. Also, see Residents' Reminder List for more items to bring.
- Closing ceremony will be from 6:00 – 6:30 on Tuesday, June 28.

Williams Center: (262) 472-1599

Summer Camp Office: (262) 472-3165 - 7 am to 4:30 pm

**Knilans Hall Staff Room: (262) 472-2882 - 4:30 pm to 7 am (If no one answers, leave message on the answering machine and your call will be returned by a camp staff member.)**

Emergency Phone: (262) 472-4200

Please remember to bring the enclosed Health History Questionnaire/Consent Form. Campers will not be allowed to participate in camp activities without this form.

Insurance coverage is included in your registration fee and will cover you ONLY WHILE YOU ARE ON CAMPUS AND FOR CAMP-RELATED ACCIDENTS. If you are a commuter, you will not be covered by this insurance while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.

See you Sunday, June 26!

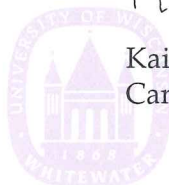
Sincerely,

Handwritten signature of Pat Miller in black ink.

Pat Miller  
Camp Co-Director

Handwritten signature of Kai Instefford in black ink.

Kai Instefford  
Camp Co-Director



**CONTINUING EDUCATION SERVICES**

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790  
Phone 262-472-3165 • FAX 262-472-5241 • E-mail [cesevents@uww.edu](mailto:cesevents@uww.edu)

WARHAWK BOYS' BASKETBALL CAMP  
RULES FOR CAMPERS

These rules have been established to make this camp an enjoyable and safe experience for everyone. Any breach of these rules will result in the immediate notification to parents and the student will be dismissed from the camp. Students so dismissed will not receive any refund of camp fees.

1. Smoking, the use of alcohol and other drugs, firearms weapons or fireworks are prohibited. Parents will be notified and violators will be sent home immediately. There will be no refund of fees for violation of this policy.
2. All campers are confined to the University campus proper; any trips off campus require written permission from the parent and approval of the camp director or head counselor. All campers making off campus trips must be accompanied by a staff member unless written permission from the parent is provided.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. University insurance coverage is included in your registration and covers you only while you are on campus and for camp-related accidents. If you are a commuter, this insurance will not cover you while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.
5. You will be given a meal card that you must bring to every meal. Lost or destroyed cards will be replaced at the dining center at a fee to the camper.
6. Campers are not allowed to enter any residence hall other than the one assigned to their camp. Boys are not allowed to enter girls' rooms and vice versa. With the exception of check-in and check-out, no visitors are permitted in your room at any time.
7. Campers are responsible for their own money and personal items; the University and the camp are not responsible for lost items. KEEP YOUR DOORS AND LOCKERS LOCKED AT ALL TIMES. DO NOT SHARE YOUR ROOM COMBINATION OR KEYS WITH OTHERS.
8. There will be no hazing, taunting or teasing of other campers or guests on campus. Violators will be dealt with accordingly.

-Over-

9. Campers are not allowed to ride in cars while at camp.
10. Campers will be supervised by coaches at all times and should follow the schedule in packet at all times.
11. Refer to all coaches as "Coach".
12. Be on time for everything!
13. For any sickness or injury, see the Camp Director or a coach as soon as possible.
14. Visitors are restricted to the lobby area unless the Camp Director approves a room visit.
15. Each camper is to be in his assigned room at the designated curfew time. Coaches will check. Lights out and quiet. Do not leave your rooms after lights out except for the bathroom, if necessary. Coaches will get you up at the designated wake-up time.
16. Camp dismissal will be approximately 6:30 p.m. on Tuesday, June 28, after the awards presentation in Williams Center.
17. Failure to comply with rules/regulations of camp will result in immediate dismissal from camp. Your parents will be called to come and get you and you will not be refunded your camp fees.

\* \* MOST IMPORTANTLY, HAVE A SUPER WEEK! ! \* \*

## RESIDENTS' REMINDER LIST

**\*These are important items you'll need for camp\***

Sheets\*\*

Blankets\*\*

Pillow

Towels/wash cloths

Toothbrush

Toiletries (soap, shampoo, etc.)

T-shirts

Shorts

Basketball shoes

Athletic socks

Swimsuit

Jacket

Fan

\*There will be a camp store where you can purchase water, Gatorade, Warhawk Basketball Apparel, etc...

\*Pizza orders will be taken during the dinner session and at 9:15 pm nightly

Be sure to bring enough t-shirts, shorts and socks. There will be three sessions per day.

\*\*A sleeping bag may be more convenient

**If you have any questions, contact the Summer Camp Office at 262/472-3165.**

# GUARD-BIG MAN CAMP

## CAMP SCHEDULE

ALL SESSIONS ARE IN WILLIAMS CENTER, GYM 1 AND FIELDHOUSE

### SUNDAY, JUNE 26

5:00 - 6:00	REGISTRATION
6:15 - 9:00	SESSION 1

### MONDAY, JUNE 27

7:30 - 8:30	BREAKFAST
9:00 - 11:45	SESSION 2
11:45 - 1:30	LUNCH
1:30 - 4:30	SESSION 3
4:30 - 6:00	DINNER
6:00 - 9:00	SESSION 4

### TUESDAY, JUNE 28

7:30 - 8:30	BREAKFAST
9:00 - 11:45	SESSION 5
11:45 - 1:30	LUNCH
1:30 - 3:30	SESSION 6
4:00 - 5:00	DINNER
5:00 - 6:00	5 ON 5 TOURNAMENT
6:00 - 7:00	AWARDS CEREMONY and CHECKOUT

# HEALTH HISTORY QUESTIONNAIRE

*Participant*  
 Name \_\_\_\_\_ Camp/Event \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Sex ( ) M ( ) F D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Email \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address if different than participant's \_\_\_\_\_  
 Contact person in case of injury or illness. \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Physician \_\_\_\_\_  
 Name of Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

## MEDICAL HISTORY

### Immunization Record

MMR (measles, mumps, rubella)  
 Dose 1 - Immunization at 12 months \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Dose 2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Tetanus-Diphtheria  
 Year of initial series \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Year of last tetanus booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has the participant ever had major surgery or been hospitalized? ( ) Yes ( ) No  
 Please explain any significant operations, accidents, or illness, and last medical attention and reason \_\_\_\_\_

Does the participant have any physical condition(s) requiring special considerations? Explain \_\_\_\_\_

Is participant taking medication? ( ) No ( ) Yes  
 If YES, complete the consent for medical administration \_\_\_\_\_

Does participant have allergic reaction to: (check box if YES)

- ( ) Penicillin
- ( ) Other Antibiotics
- ( ) Other Medicines (type) \_\_\_\_\_
- ( ) Insect Bites/Stings

Has participant had or is presently experiencing the following (check box if YES)?

- ( ) Allergies
- ( ) Asthma
- ( ) Bleeding Disorder
- ( ) Cancer
- ( ) Colitis
- ( ) Diabetes
- ( ) Epilepsy/Seizures/Blackouts
- ( ) Heart Disease
- ( ) Hernia
- ( ) Other \_\_\_\_\_
- ( ) High Blood Pressure
- ( ) Joint Injury/Surgery
- ( ) Kidney Disease
- ( ) Menstrual Difficulties
- ( ) Mental/Emotional Problems
- ( ) Neck/Back Pain/ Injury
- ( ) Rheumatic Fever
- ( ) Tuberculosis
- ( ) Ulcer

## CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
  - By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
  - By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
  - By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
- Signature of Parent or Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_ PLEASE COMPLETE CONSENT FORM

# HEALTH HISTORY QUESTIONNAIRE

*Participant*  
 Name \_\_\_\_\_ Camp/Event \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Sex ( ) M ( ) F D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Email \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address if different than participant's \_\_\_\_\_  
 Contact person in case of injury or illness. \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
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 Tetanus-Diphtheria  
 Year of initial series \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Year of last tetanus booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has the participant ever had major surgery or been hospitalized? ( ) Yes ( ) No  
 Please explain any significant operations, accidents, or illness, and last medical attention and reason \_\_\_\_\_

Does the participant have any physical condition(s) requiring special considerations? Explain \_\_\_\_\_

Is participant taking medication? ( ) No ( ) Yes  
 If YES, complete the consent for medical administration \_\_\_\_\_

Does participant have allergic reaction to: (check box if YES)

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- ( ) Diabetes
- ( ) Epilepsy/Seizures/Blackouts
- ( ) Heart Disease
- ( ) Hernia
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- Signature of Parent or Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_ PLEASE COMPLETE CONSENT FORM

## CONSENT FOR MEDICATION ADMINISTRATION

### PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

\_\_\_\_\_ No medication has been brought to camp.  
 \_\_\_\_\_ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:  
 \_\_\_\_\_ My son/daughter/ward has brought the following non-prescription medication to camp and will administer it him/herself. Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 \_\_\_\_\_ My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self administer them. Please complete the following.

Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

\_\_\_\_\_ My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

\_\_\_\_\_ No medication has been brought to camp.  
 \_\_\_\_\_ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

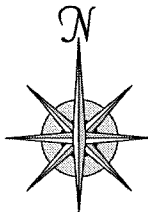
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



22  
LAWSON LOT

**OUTDOOR ATHLETIC COMPLEX**  
 FOSTER TRACK  
 PRUCHA BASEBALL DIAMOND  
 VANSTEENDEREN SOFTBALL COMPLEX  
 VARSITY SOCCER FIELD  
 FOOTBALL PRACTICE FIELDS

PERKINS STADIUM  
 STADIUM ATHLETIC BUILDING  
 STUDENT ATHLETIC COMPLEX

24  
STADIUM LOT

PICNIC AREA

UW-WHITEWATER  
 NATURE PRESERVE, TRAILS  
 & RECREATION AREA

SCHWAGER DR.

INTRAMURAL FIELDS

RUGBY FIELD

11  
WILLIAMS CENTER LOT

DAVID KACHELOK FIELDHOUSE  
 WILLIAMS CENTER

18  
ESKER LOT

ESKER DINING HALL  
 POWER PLANT

19  
TUTT-WELLERS LOT

TUTT HALL  
 WELLERS HALL

KNILANS HALL  
 WELLS RESIDENCE HALL

SCHWAGER DR.

WARHAWK DR.

CALVARY CEMETARY

17  
FISCHER LOT

FISCHER  
 GOODRUE  
 MCRAINE BOOK STORE

LOT 4

STARIN PARK

8  
BIGELOW LOT

BIGELOW  
 LEE  
 CLEM  
 FRICKER  
 DRUMBLIN DINING HALL  
 AREY  
 BENSON

TENNIS COURTS

9  
WARHAWK DRIVE LOT

7  
STARIN ROAD LOT

VISITOR CENTER

15  
HC LOT

CAMPUS MINISTRY  
 HEALTH CENTER

W. STARIN RD.

W. STARIN RD.

STARIN HALL

WHITE HALL

HYLAND HALL

14  
STARIN-PRAIRIE LOT

UPHAM HALL

LOT 3

CARLSON HALL

MCCLATCHAN

ROSEMAN

WINTHER HALL

2  
CARLSON LOT

LITTLE RED SCHOOLHOUSE

LOG CABIN

UNIVERSITY CENTER

HEIDE HALL

ROYAL YOUNG AUDITORIUM

GREENMILL CENTER OF THE ARTS

OBSERVATORY

ALUMNI CENTER

HYER HALL

McGRAW HALL

12  
LIBRARY LOT

ANDERSEN LIBRARY

N. TRAIT STREET

N. PRINCE STREET

WYMAN MALL

N. PRAIRIE ST.

N. ESTERN ST.

US HWY 12

W. MAIN STREET

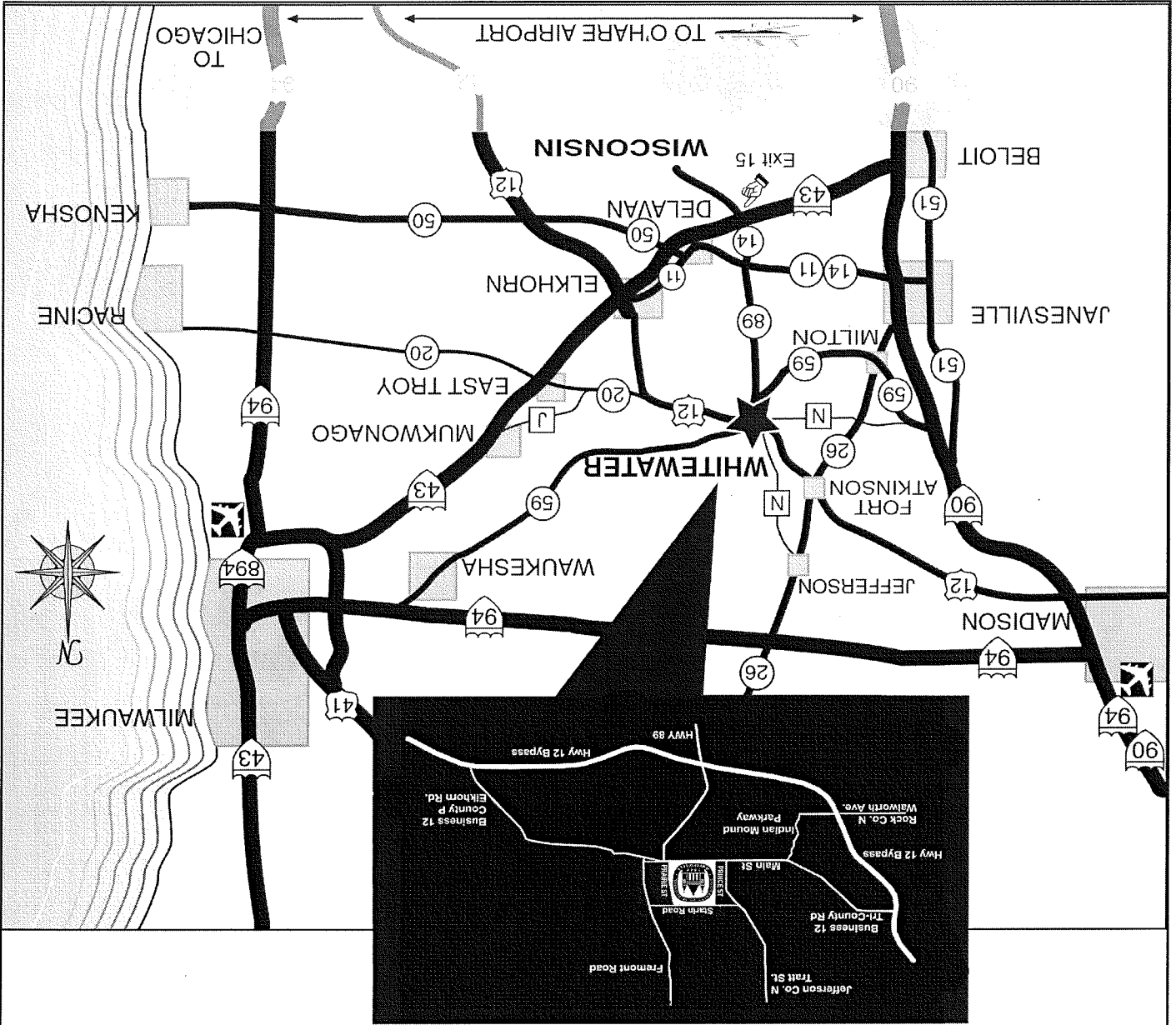
FENCE STREET

W. FLORENCE STREET

ANDREWS CTR.

CHOPP ARBORETUM

SALISBURY ARBORETUM



STAY CLOSE. GO FAR.

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**WHITTEWATER**

UNIVERSITY OF WISCONSIN



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Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_

Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

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Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_

Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_

Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_

Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_

Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_

Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

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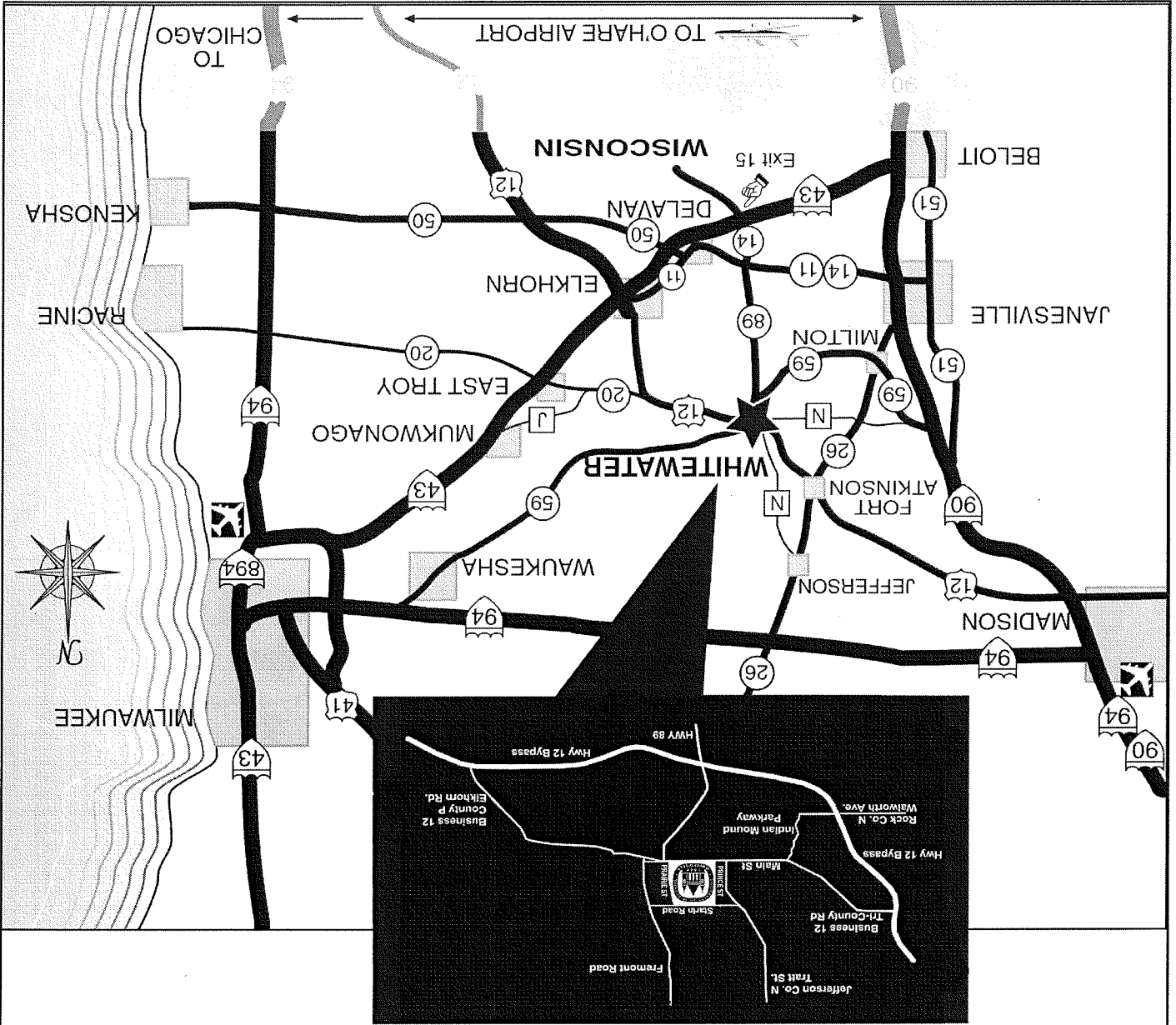
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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_





STAY CLOSE. GO FAR.

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**WHITTEWATER**

UNIVERSITY OF WISCONSIN

