

Each medication needs its own separate form.
Feel free to make additional copies of this form if needed.

MEDICATIONS

Campers

Name: _____ GENDER: _____ AGE: _____

SESSION:(CIRCLE ONE) 1ST 2ND BOTH

AGE: _____

DOCTOR: _____

MEDICATION: _____

DOSAGE: _____

REASON: _____

TIMES: _____

CHECK TIMES:

MORNING: _____

LUNCH: _____

DINNER: _____

BED TIME: _____

OTHER IF NECESSARY: _____

Does medication run the length of camp? (Circle One) YES NO

PARENT/GUARDIAN _____

TELEPHONE #: _____

DATE: _____

SIGNATURE: _____