

## Camper Medication Form

Please fill this form out prior to camp and bring it to camp along with all medications.

Camper's Name \_\_\_\_\_

Cabin Number (To be filled in at camp)\_\_\_\_\_

Name of Medication \_\_\_\_\_

Dose of Medication (how much medication )\_\_\_\_\_

Times Medication is Given \_\_\_\_\_

Special Instructions (if needed)\_\_\_\_\_

Name of Medication \_\_\_\_\_

Dose of Medication (how much medication )\_\_\_\_\_

Times Medication is Given \_\_\_\_\_

Special Instructions (if needed)\_\_\_\_\_

Name of Medication \_\_\_\_\_

Dose of Medication (how much medication )\_\_\_\_\_

Times Medication is Given \_\_\_\_\_

Special Instructions (if needed)\_\_\_\_\_