

Camper Name:				
	First	Middle		Last
Birth Date:		Dates attending camp:		to
	Month/Day/Year	5 1	Month / Day	Month / Day

Medication to be given at camp – additional page

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How is it given
		<u> </u>	Breakfast	J	
			Lunch		
			□ Dinner		
			□ Bedtime		
			Other time:		
			□ Breakfast		
			Dinner		
			□ Bedtime		
			Other time:		
			□ Breakfast		
			Other time:		
			□ Breakfast		1
			Dinner		
			Other time:		
			□ Breakfast		
			Dinner		
			Bedtime Other time		
			Other time:		
			□ Breakfast		
			Dinner		
			□ Bedtime		
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			□ Breakfast		
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			□ Breakfast		
			Lunch		
			Dinner Dinner		
			Bedtime		
			□ Other time:		
			□ Breakfast		
			□ Lunch		
			□ Dinner		
			□ Bedtime		
			Other time:		