



Camp Helen Brachman – Additional Medications **2019**

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