



Camp Helen Brachman – Additional Medications | 2020

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
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
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