Camp Helen Brachman – Medications 2024

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Camper Name	2.				
	First	Middle		Last	
Birth Date:		Dates attending camp:		to	
	Month/Dav/Year	5 .	Month / Day	Month / Day	

Medication to be given at camp

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How is it given
Medication		taking it	☐ Breakfast	giveri	
			☐ Lunch		
			☐ Dinner		
			☐ Bedtime		
			☐ Other time:		
			☐ Breakfast		
			☐ Lunch		
			☐ Dinner		
			☐ Other time:		
			☐ Breakfast		
			☐ Lunch		
			☐ Dinner		
			☐ Other time:		
			☐ Breakfast		
			☐ Lunch		
			☐ Dinner		
			☐ Bedtime		
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			□ Dinner		
			☐ Bedtime		
	_1		☐ Other time:		