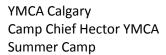


## **Camper Medication Form 2013**

CAMPER NAME:			0							
NAM	E OF MEDICATIO	N(S), DOSAGE A	ND PREFERRED T	IME OF DISTRIBUT	TION:					
1.	Medication name:									
	Reason for taking:									
	Dosage (# of tablets or amt. of liquid):									
	Distribution (circle those that apply):									
	Breakfast	Lunch	Dinner	Bedtime	As Needed					
Furth	ner instructions: _									
2.	Medication na	me:								
	Reason for taking:									
	Distribution (circle those that apply):									
	Breakfast	Lunch	Dinner	Bedtime	As Needed					
Furth	ner instructions: _									
3.	Medication name:									
	Reason for taking:									
	Dosage (# of tablets or amt. of liquid):									
	Distribution (circle those that apply):									
	Breakfast	Lunch	Dinner	Bedtime	As Needed					
Furth	ner instructions: _									





4.	Medication name:									
	Reason for taking:									
	Dosage (# of tablets or amt. of liquid):									
	Distribution (circle those that apply):									
	Breakfast	Lunch	Dinner	Bedtime	As Needed					
Furth	ner instructions: _									
5.	Medication name:									
	Reason for tak	ing:				<u>.</u>				
	Dosage (# of ta	ablets or amt. o	f liquid):							
	Distribution (circle those that apply):									
	Breakfast	Lunch	Dinner	Bedtime	As Needed					
Furth	ner instructions: _									
6.	Medication name:									
		Reason for taking:								
	Distribution (circle those that apply):									
	Breakfast	Lunch	Dinner	Bedtime	As Needed					
Furth	ner instructions: _									
Parent/Guardian Signature: Staff Initials:										
rare	nii/Guardian Sign	ลเนre:		Staff Initials:						