



Camper Medication Form 2013

CAMPER NAME: _____ CAMPER AGE: _____

NAME OF MEDICATION(S), DOSAGE AND PREFERRED TIME OF DISTRIBUTION:

1. Medication name: _____

Reason for taking: _____

Dosage (# of tablets or amt. of liquid): _____

Distribution (circle those that apply):

Breakfast Lunch Dinner Bedtime As Needed

Further instructions: _____

2. Medication name: _____

Reason for taking: _____

Dosage (# of tablets or amt. of liquid): _____

Distribution (circle those that apply):

Breakfast Lunch Dinner Bedtime As Needed

Further 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

Further 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

Further instructions: _____

5. Medication name: _____
Reason for taking: _____
Dosage (# of tablets or amt. of liquid): _____
Distribution (circle those that apply):

Breakfast Lunch Dinner Bedtime As Needed

Further instructions: _____

6. Medication name: _____
Reason for taking: _____
Dosage (# of tablets or amt. of liquid): _____
Distribution (circle those that apply):

Breakfast Lunch Dinner Bedtime As Needed

Further instructions: _____

Parent/Guardian Signature: _____ Staff Initials: _____