



SCHEDULED MEDICATION FORM 2013

WEEK 1 2

NAME: Surname	First	AGE:	MALE	FEMALE
SESSION: Number Dates	SECTION:	TIPI:	COUNSELLORS: ----- -	

DRUG ALLERGIES:

OTHER INFO OR INSTRUCTIONS:

Does this person take "as needed" meds too? Y N

Initial of staff administering med and camper receiving

Medication, Reason, Route	Dose	Time	Sun	Mon	Tue	Wed	Thurs	Fri	Sat

Health Centre staff transcribing medication information: _____