

CAMPER NAME _____ CAMP DATE _____



CAMPER MEDICATION LIST

List all medications this camper will take **PRINT LEGIBLY**. This includes perscribed medications, over-the-counter medications, vitamins, essential oils or homepathics.

Place this list along with unexpired medications in the original containers inside a Ziploc bag. Write the camper's first and last name legibly on the bag.

Provide enough medication to last the entire time your camper is at camp or however long the medication should be taken.

MEDICATION #1 _____

Dosage _____ Day & Time Last Taken _____

Frequency of Dose or Time to Administer _____

MEDICATION #2 _____

Dosage _____ Day & Time Last Taken _____

Frequency of Dose or Time to Administer _____

MEDICATION #3 _____

Dosage _____ Day & Time Last Taken _____

Frequency of Dose or Time to Administer _____

MEDICATION #4 _____

Dosage _____ Day & Time Last Taken _____

Frequency of Dose or Time to Administer _____

MEDICATION #5 _____

Dosage _____ Day & Time Last Taken _____

Frequency of Dose or Time to Administer _____

COMMENTS _____

PARENT SIGNATURE _____ DATE _____

PRINT PARENT NAME _____