

CAMPER NAME _____ CAMP DATE _____



CAMPER MEDICATIONS LIST

List all medications this camper will take while at camp. PRINT LEGIBLY. This includes prescribed medications, over-the-counter medications, vitamins, essential oils or homeopathics.

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 for 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 _____