



MEDICATION INFORMATION FORM

- Please fill out form with all appropriate information
- Form will be followed in order to distribute camper's medication
- Please place form with medication when camper is heading to camp
- Any additional information can be written on back or attached

Camper Name: _____ Date of Birth: _____
 Age: _____ Sex: _____ Health Card # _____
 Parent/Guardian: _____ Phone: _____
 Alternate Emergency Contact: _____ Phone: _____

Medication #1

Medication Name:			
Time/Dose of Medication:			
<i>Time:</i>	<i>Dose:</i>	<i>Time:</i>	<i>Dose:</i>
<i>Time:</i>	<i>Dose:</i>	<i>Time:</i>	<i>Dose:</i>
To be done if medication is missed:			
Special Concerns for Medication:			

Medication #2

Medication Name:			
Time/Dose of Medication:			
<i>Time:</i>	<i>Dose:</i>	<i>Time:</i>	<i>Dose:</i>
<i>Time:</i>	<i>Dose:</i>	<i>Time:</i>	<i>Dose:</i>
To be done if medication is missed:			
Special Concerns for Medication:			

Notes: