

Thee Camp 2019 - Medication Sheet

Confidential

Camper's Last Name: _____ First Name: _____ Completed Grade _____

Male/Female? _____ Parent Signature _____ Allergies: _____

Medications

#1 Med Name: Strength: Dosage: Reason given:
#2 Med Name: Strength: Dosage: Reason given:
#3 Med Name: Strength: Dosage: Reason given:
#4 Med Name: Strength: Dosage: Reason given:

Office Use Only							
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	Sun	Mon	Tue	Wed	Thu	Fri	Sat
BRK							
LCH							
DNR							
BED							
BRK							
LCH							
DNR							
BED							
BRK							
LCH							
DNR							
BED							
BRK							
LCH							
DNR							
BED							

Special Note:

- 1) All prescription medications MUST be in their original bottles with the original label.
- 2) Bottle label must be accurate as to the actual dosage and strength that the child takes.
- 3) Please ANNOTATE times meds are to be issued. Your choices are: Morning, Lunch, Dinner, before bed or As needed
- 4) Licensed professionals dispense medications
- 5) Please only write in the "Medication" section. Do NOT write in the gray shaded area.
- 6) Your child is responsible for finding the medical team to get their meds. We will NOT track them down to give them their meds.
Please discuss this with your child.