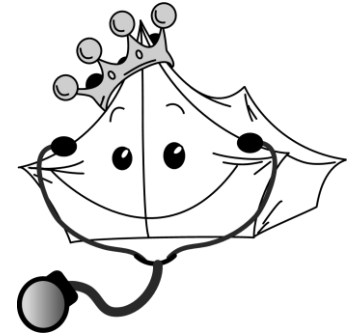


Medication Form

Please fill out the table below for anyone who will be taking medication while at camp. State law requires all medications be turned in to the camp health officer during check-in. **Remember to send medications to camp in their original containers.**



For time of day, stating: "after breakfast," or "before dinner," is acceptable.

<u>Unit</u>		<u>Name</u>			<u>Period</u>
#	Medication	Time(s) of Day/ Dosage(s)			Special Notes
Ex	X Pills	07:00 / 1 pill	13:00 / 1 pill	18:00 / 2 pills	Take w/ Food
1		/	/	/	
2		/	/	/	
3		/	/	/	
4		/	/	/	
5		/	/	/	
6		/	/	/	
7		/	/	/	
8		/	/	/	

