



CAMPER MEDICATION FORM

NAME	
DATE OF BIRTH	
ALLERGIES	
MAJOR MEDICAL CONDITIONS	

EXAMPLE		THUR	#	FRI	#	SAT	#	SUN	#	MON	#	TUES	#	WED	#
MEDICATION	Zrytec	Example: Our health care staff will fill in the daily amount and time the medication was administered.													
DOSE	1 Pill														
ROUTE	Orally														
COMMENTS	Daily AM														

		THUR	#	FRI	#	SAT	#	SUN	#	MON	#	TUES	#	WED	#
MEDICATION															
DOSE															
ROUTE															
COMMENTS															
MEDICATION															
DOSE															
ROUTE															
COMMENTS															
MEDICATION															
DOSE															
ROUTE															
COMMENTS															
MEDICATION															
DOSE															
ROUTE															
COMMENTS															

PARENT PRINTED NAME	PARENT'S SIGNATURE	DATE
HEALTH CARE STAFF PRINTED NAME	HEALTH CARE STAFF	DATE

