Student Medication Form

This form must be completely filled out for campers bringing any medication to camp. You will be allowed to keep the inhalers but all medications will be kept and given out by the Medical Team. Please fill out one section of this form for each medication.

ALL MEDICATIONS MUST BE SENT IN ORIGINAL CONTAINER

Medication for _____

(Name of Camper)

Medication name _____ As needed Only / Dispense Regularly

	Time	Dosage		Time	Dosage		Time	Dosage	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Medication name _____ As needed Only / Dispense Regularly

	Time	Dosage		Time	Dosage		Time	Dosage	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Medication name _____ As needed Only / Dispense Regularly

	Time	Dosage		Time	Dosage		Time	Dosage	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									