

# CAMPER MEDICATION FORM

Please list all Prescription & Over-the-Counter drugs your child will have at camp

Name \_\_\_\_\_ County \_\_\_\_\_

## Medication/Dosage/Dispense Time

<i>Office Use Only:</i>	initial/time given	initial/time given	initial/time given	initial/time given
Morning				
Afternoon				
Evening				
Bedtime				

Comments:

## Medication/Dosage/Dispense Time

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Comments:

### Camp has the following medications:

- |               |              |                 |
|---------------|--------------|-----------------|
| Antihistamine | Decongestant | Dramamine       |
| Tylenol       | Antacid      | Hydrocortisone  |
| Ibuprofen     | Neosporin    | Calamine Lotion |

*Office Use Only:*

CAMP DATE \_\_\_\_\_

CABIN \_\_\_\_\_

NURSE \_\_\_\_\_