

Medication/Health Information

Prescription and over the counter medication must be in original container. Rx, over the counter meds & essential oils must be turned in to camp nurses at check in. Bring clean, empty pill organizer box to check in. Camp nurses will fill them.

<i>Camper's Full Name (last, first)</i>		<i>Please Circle:</i>		<i>One week camp</i>
				<i>Two week camp</i>
		<i>Dates:</i>		
	Dosage	Times (circle)	Why taken (for nurse's info only)	
1.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed		
2.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed		
3.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed		
4.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed		
5.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed		
6.		8:00 a.m. 12:00 noon 5:00 p.m. 9:00 p.m. As needed		
Any specific concerns the need to be noted by nurses...				
Any chronic or long term health problems...				
Any allergies...				
Notes:				

Parent/Guardian Signature:

Date: