

# Thee Camp 2010 Medication Sheet

Camper's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

\*Parent Signature: \_\_\_\_\_

1. Medication \_\_\_\_\_

Reason \_\_\_\_\_

Dosage \_\_\_\_\_

morning/breakfast \_\_\_\_\_ afternoon/lunch \_\_\_\_\_ dinner \_\_\_\_\_ as needed

CN initials when given 7/12 \_\_\_\_\_ 7/13 \_\_\_\_\_ 7/14 \_\_\_\_\_ 7/15 \_\_\_\_\_ 7/16 \_\_\_\_\_ 7/17 \_\_\_\_\_

2. Medication \_\_\_\_\_

Reason \_\_\_\_\_

Dosage \_\_\_\_\_

morning/breakfast \_\_\_\_\_ afternoon/lunch \_\_\_\_\_ dinner \_\_\_\_\_ as needed

CN initials when given 7/12 \_\_\_\_\_ 7/13 \_\_\_\_\_ 7/14 \_\_\_\_\_ 7/15 \_\_\_\_\_ 7/16 \_\_\_\_\_ 7/17 \_\_\_\_\_

3. Medication \_\_\_\_\_

Reason \_\_\_\_\_

Dosage \_\_\_\_\_

morning/breakfast \_\_\_\_\_ afternoon/lunch \_\_\_\_\_ dinner \_\_\_\_\_ as needed

CN initials when given 7/12 \_\_\_\_\_ 7/13 \_\_\_\_\_ 7/14 \_\_\_\_\_ 7/15 \_\_\_\_\_ 7/16 \_\_\_\_\_ 7/17 \_\_\_\_\_

4. Medication \_\_\_\_\_

Reason \_\_\_\_\_

Dosage \_\_\_\_\_

morning/breakfast \_\_\_\_\_ afternoon/lunch \_\_\_\_\_ dinner \_\_\_\_\_ as needed

CN initials when given 7/12 \_\_\_\_\_ 7/13 \_\_\_\_\_ 7/14 \_\_\_\_\_ 7/15 \_\_\_\_\_ 7/16 \_\_\_\_\_ 7/17 \_\_\_\_\_

## Camp Nurse Only Section

Cabin: \_\_\_\_\_

Leaders: \_\_\_\_\_