

Medication Sheet

Camper Name	Camp Session & Date							
including medication the medication is to	low for each of the mons prescribed on an be taken. The camp he appropriate space ed container.	as-neede nurse or	ed basis. health o	Place a c	heckmar l initial e	k next to ach time	each time the medi	e of day cation
		Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.
Medication:								
Dosage:								
Instructions:								
To be taken at:	Breakfast							
	Lunch							
	Supper							
	Bedtime							
Medication:								
Dosage:								
Instructions:						,		
To be taken at:	Breakfast							
	Lunch							
	Supper							
	Bedtime							
Medication:								
Dosage:								
Instructions:				1		1		
To be taken at:	Breakfast							
	Lunch							
	Supper							
	Bedtime							
Medication:								
Dosage:								
Instructions:	<u> </u>					Ī		1
To be taken at:	Breakfast							
	Lunch							
	Supper							
	Bedtime				l .		1	