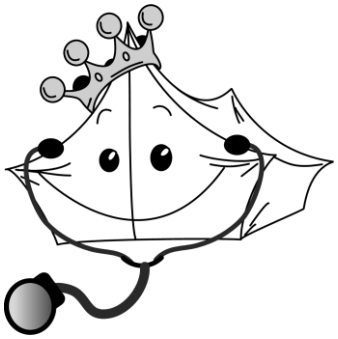
Medication Form



Please fill out the table below for anyone who will be taking medication while at camp. State law requires all medications be turned in to the camp health officer during check-in. **Remember to send medications to camp in their original containers.**

For time of day, stating: “after breakfast,” or “before dinner,” is acceptable.

Unit _____ **Name** _____ **Period** _____

#	Medication	Time(s) of Day/ Dosage(s)			Special Notes
Ex	X Pills	07:00 / 1 pill	13:00 / 1 pill	18:00 / 2 pills	Take w/ Food
1		/	/	/	
2		/	/	/	
3		/	/	/	
4		/	/	/	
5		/	/	/	
6		/	/	/	
7		/	/	/	
8		/	/	/	

----------**THIS SIDE IS FOR CAMP USE ONLY**----------

Date	Time	Med #	Dose	HO Initials	Camper Initials

Date	Time	Med #	Dose	HO Initials	Camper Initials