

CAMPER MEDICATION FORM

Camper's Name: _____

Emergency contact information: _____

Allergies/Reactions:

Allergy Notes:

Required Medications: Please include the name of the medication, the dosage, and when your daughter takes the medication.

Medication	Dosage	Breakfast	Lunch	Dinner	Bedtime	

Optional "PRN" Medications: Please list any medications you have included that your daughter can take if need, and the indication for use. (ie claritin- allergies)

Any other pertinent information you would like the nurse to know: