Camper Name:

Parents – please fill out the information below and submit this form along with your child's medication. Medication should be sent in the original container (not a pill organizer) in a gallon-sized Ziploc bag labeled with your child's first and last name. We provide acetaminophen (Tylenol) and ibuprofen for any campers whose parents gave permission for those medications to be administered as needed, so you don't need to send those. Any additional medication must be listed below, including information on dosing.

Time to administer meds (<i>circle the time(s) your child should be given this med</i> Breakfast (8:00 a.m.) Lunch (12:15 p.m.) Dinner (5:00 p.m.) Bedtime (9:00 p.m.) As needed Notes: Notes: Dosage	n.)
Bedtime (9:00 p.m.) As needed Notes:	
Notes:	
Name of Med #2 Dosage	
Name of Med #2 Dosage	
0	
Time to administer meds (circle the time(s) your child should be given this med	ication)
Breakfast (8:00 a.m.) Lunch (12:15 p.m.) Dinner (5:00 p.m.)	n.)
Bedtime (9:00 p.m.) As needed	
Notes:	
Name of Med #3 Dosage	
Time to administer meds (circle the time(s) your child should be given this med	ication)
Breakfast (8:00 a.m.) Lunch (12:15 p.m.) Dinner (5:00 p.n	
Bedtime (9:00 p.m.) As needed	,
Notes:	
NOLES:	

The camp nurse will contact you if she has any questions regarding your child's medication.