

Camper Medication Information
*PLEASE BRING TO CAMP*DO NOT MAIL*

Camper: _____ DOB: __/__/__

DO NOT mail this form in ahead of time. Parents, please fill this form out completely.

Meds are given at breakfast, lunch, dinner, and bedtime. If your child needs medication at a different time, please let the camp nurse know at registration so we can accommodate them.

WE CANNOT ACCEPT OR ADMINISTER MEDICATIONS NOT IN ORIGINAL PACKAGE/CONTAINER

Name of medication: _____

Dosage (mg): _____ Time: (B) (L) (D) (PM)

Reason: _____

Instructions: _____

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Name of medication: _____

Dosage (mg): _____ Time: (B) (L) (D) (PM)

Reason: _____

Instructions: _____

Medications listed were received by Timber-lee nursing staff:

Staff Signature _____ Date _____

Remaining medications were picked up by parent or guardian:

Signature _____ Date _____

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