

Instructions: Place medicine in zip-lock bag with a recent photo of your camper and this form. Bring baggie to Nurse at registration. DO NOT PACK MEDS IN SUIT CASE!

Medication Form

Name: _____
Age: _____ Sex: M / F Camp: _____
Parent/Guardian Signature: _____
Daytime Phone: (_____) _____
Evening Phone: (_____) _____
Email: _____

Name of Medication	Dosages / Times	Instructions

Place Child's Picture Here

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