

# CAMPER DAILY MEDICATION RECORD

This form is for medication sent to camp. Prescription medications require doctor's instructions on the label or handwritten instructions from the doctor.

Please complete the bold section of the box for each medication you are sending to camp. Place this card in a zip-loc bag with medications, and give it to the nurse at registration on the first day of camp.

<b>Medication:</b> _____								
<b>Dosage/directions:</b> _____								
<b>Circle one:</b> <b>Prescription</b> <b>Over-the-Counter</b>								
	Dates							
Times								

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<b>Dosage/directions:</b> _____								
<b>Circle one:</b> <b>Prescription</b> <b>Over-the-Counter</b>								
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	Dates							
Times								

Name of person providing written instructions (must be parent/guardian or physician) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_