



2012 Summer Camp Medication Chart

This form is to be used in conjunction with the full Health Form.

Camper Name: _____

Camp Session: _____

*** Please complete the LEFT SIDE PORTION (List of Medications) *PRIOR* to arrival at camp. All medications need to be clearly written and defined (if needed). Medications & supplements *MUST* be kept in original prescription bottles. Each camper requires own form. Use back of form if more space is required.**

List all Medications.

One per row.

Camp Use Only - Record of Times Dispensed

Name, dosage, and time(s).

Sun Mon Tue Wed Thurs Fri

| | | Sun | Mon | Tue | Wed | Thurs | Fri |
|--|--------|-----|-----|-----|-----|-------|-----|
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |

Parent/Guardian name: _____

Parent/Guardian signature: _____

Health and Safety Officer name: _____

Health and Safety Officer signature: _____

2012 Summer Camp Medication Chart PAGE 2

Use only if page 1 is full

Camper Name: _____

Camp Session: _____

List all Medications.

One per row.

Camp Use Only - Record of Times Dispensed

Name, dosage, and time(s).

Sun Mon Tue Wed Thurs Fri

| | | Sun | Mon | Tue | Wed | Thurs | Fri |
|--|--------|-----|-----|-----|-----|-------|-----|
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |
| | lunch | | | | | | |
| | dinner | | | | | | |
| | night | | | | | | |
| | other | | | | | | |

Parent/Guardian name: _____

Parent/Guardian signature: _____

Health and Safety Officer name: _____

Health and Safety Officer signature: _____