

# Calvin Camp Medication Form

Camper Name: \_\_\_\_\_

Dates Attending: \_\_\_\_\_

NOTES

CAMP MEDICAL STAFF SIGNATURE:

X

DOCTOR MUST LIST ALL MEDICATIONS BELOW, INCLUDING OVER THE COUNTER, VITAMINS, HERBS, HOMEOPATHICS, ETC

LIST Rx:		MON				TUES				WED				THUR				FRI				SAT							
Med:	Camp Personnel →	8	12	6	9	8	12	6	9	8	12	6	9	8	12	6	9	8	12	6	9	8	12	6	9	8	12	6	9
Circle times to be given																													
To treat what?																													
Counter indications:																													

		MON				TUES				WED				THUR				FRI				SAT							
Med:	Camp Personnel →	8	12	6	9	8	12	6	9	8	12	6	9	8	12	6	9	8	12	6	9	8	12	6	9	8	12	6	9
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Circle times to be given																													
To treat what?																													
Counter indications:																													

If no Doctor's signature medication **WILL NOT** be given

PRESCRIBING DOCTOR'S SIGNATURE:

X

Date:

Phone:

Printed Name:

Address:

City:

State:

Zip: