Camper Name: _____ **IdRaHaJe 2017 MEDICATION** Camp & Week Attending: _____ **FORM** (Due 1 week before camp) You may also bring this form or a copy with you to check in.

and must include the signat			-			06	ii Contain	С.	
	cure of the child's d	octor.							
NOTES:					CAMP MEDICAL STAFF SIGNATURE:				
				V					
				X					
DOCTOR MUST LIST ALL MEI	DICATIONS BELOW, I	NCLUDING	OTC, VIT	AMINS, H	ERBS, HC	MEOPAT	HICS, ETC	•	
LIST Rx: eg. Clarinex D tab			SUN	MON	TUE	WED	THU	FRI	
Med:	NEL 4								
Dosage:	Nos	8am							
Start Date: End	Date:	12pm							
To Treat What?	Date:	6pm							
Contra indications:	→	9pm							
PRESCRIBING DOCTOR'S SIGI	NATURE:								
х			Date			Phone ()		
Printed Name	A	ddress		(City	S	tate Zi	р	
LIST Rx: eg. Clarinex D tab			SUN	MON	TUE	WED	THU	FRI	
Med:	→								
	Z								
Dosage:	8	8am							
Dosage: Start Date: Fnd	Date.	8am 12nm							
Start Date: End	Date:	8am 12pm							
Start Date: End To Treat What?	Date:	8am 12pm 6pm							
Start Date: End To Treat What? Contra indications:	•	8am 12pm 6pm 9pm							
Start Date: End To Treat What?	•	8am 12pm 6pm 9pm	Date			Phone ()		
Start Date: End To Treat What? Contra indications: PRESCRIBING DOCTOR'S SIGN X	NATURE:	9pm	Date		City	Phone (•	0	
Start Date: End To Treat What? Contra indications: PRESCRIBING DOCTOR'S SIGN	NATURE:	8am 12pm 6pm 9pm	Date		City	•	•	p	
Start Date: End To Treat What? Contra indications: PRESCRIBING DOCTOR'S SIGN X Printed Name	NATURE:	9pm		r	-	S	tate Zi		
Start Date: End To Treat What? Contra indications: PRESCRIBING DOCTOR'S SIGN X Printed Name LIST Rx: eq. Clarinex D tab	NATURE:	ddress	Date	MON	City	•	•	o FRI	
Start Date: End To Treat What? Contra indications: PRESCRIBING DOCTOR'S SIGN X Printed Name LIST Rx: eq. Clarinex D tale Med:	NATURE:	ddress		r	-	S	tate Zi		
Start Date: End To Treat What? Contra indications: PRESCRIBING DOCTOR'S SIGN X Printed Name LIST Rx: eq. Clarinex D tal Med: Dosage:	NATURE:	ddress		r	-	S	tate Zi		
Start Date: End To Treat What? Contra indications: PRESCRIBING DOCTOR'S SIGN X Printed Name LIST Rx: eq. Clarinex D tab Med: Dosage: Start Date: End	NATURE:	ddress		r	-	S	tate Zi		
Start Date: End To Treat What? Contra indications: PRESCRIBING DOCTOR'S SIGN X Printed Name LIST Rx: eq. Clarinex D tal Med: Dosage:	NATURE:	ddress		r	-	S	tate Zi		

Date

Address

Phone ()

State

Zip

City

Please use additional forms if necessary.

Printed Name