

IdRaHaJe MEDICATION FORM

(Due 1 week before camp)

Camper Name: _____
 Camp & Week Attending: _____
 Year: _____

This form must accompany all prescriptions, OTC medications, homeopathic remedies, essential oils and vitamins in their **original container and box** and must include the signature of the child's doctor.

 Parent/Guardian Printed Name

 Signature

 Date

NOTES:	CAMP MEDICAL STAFF SIGNATURE:
	X
DOCTOR MUST LIST ALL MEDICATIONS BELOW, INCLUDING: <i>PRESCR., OTC, VITAMINS, ETC.</i>	

LIST Rx: <i>eg. Clarinex D tab</i>	↓ CAMP PERSONNEL ↓	SUN	MON	TUE	WED	THU	FRI
Med:							
Dosage/Route:	8am						
Time:	12pm						
To Treat What?	6pm						
Contraindications:	Bedtime						

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PRESCRIBING DOCTOR'S SIGNATURE:					
x	Date	Phone ()			
Printed Name	Address	City	State	Zip	

Please use additional forms if necessary.