

Camp Lotsafun Medication Report

BRING THIS FORM TO CAMP enclosed in a GALLON SIZE zip-lock bag with all MEDICATION

Camper Name

Camp Dates

Page

of

SIGNATURE REQUIRED

Medication Report must match dosage sent. All over the counter medication must be sent for your child. This includes tylenol, etc. NO medications are provided.

**Nurse Use Only
Do Not Write In Area Below**

Medication 1	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
	_____ mg		8:00 AM						
			12:00 PM						
			3:00 PM						
			6:00 PM						
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM						
			PRN						
Medication 2	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
	_____ mg		8:00 AM						
			12:00 PM						
			3:00 PM						
			6:00 PM						
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM						
			PRN						
Medication 3	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
	_____ mg		8:00 AM						
			12:00 PM						
			3:00 PM						
			6:00 PM						
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM						
			PRN						
Medication 4	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
	_____ mg		8:00 AM						
			12:00 PM						
			3:00 PM						
			6:00 PM						
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM						
			PRN						
Medication 5	Dosage	√	Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
	_____ mg		8:00 AM						
			12:00 PM						
			3:00 PM						
			6:00 PM						
PARENTS Please VERIFY the number of pills sent	___ PILLS		9:00 PM						
			PRN						

Registered Nurse Sandra Savoie, RN