

MEDICATION INSTRUCTION SHEET

CAMPER'S NAME: _____

NAME OF MEDICATION:

DOSE (HOW MUCH GIVEN AT ONE TIME):

WHEN TO TAKE:

NAME OF MEDICATION:

DOSE (HOW MUCH GIVEN AT ONE TIME):

WHEN TO TAKE:

NAME OF MEDICATION:

DOSE (HOW MUCH GIVEN AT ONE TIME):

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DOSE (HOW MUCH GIVEN AT ONE TIME):

WHEN TO TAKE:

NAME OF MEDICATION:

DOSE (HOW MUCH GIVEN AT ONE TIME):

WHEN TO TAKE:

ANYTHING ELSE WE NEED TO KNOW:

Parent's Signature

Date