

Name: _____ Bunk: _____
 First Middle Last
 [] Male [] Female Date of Birth _____ Age as of 6/27/10 _____

Please fill out a separate form for each camper who takes daily medication. If your camper takes daily medications at home, but will not be taking them over the summer, please fill out the form and indicate (medication will not be taken over the summer).

Medication: Be sure to send enough medication to last the summer, or send a written prescription to order a refill. Prescription meds **MUST** be in pharmacy containers with appropriate labels; other remedies must be in original containers.

_____ I take routine medication (include vitamins) as noted below.

Name of Medication	Reason for Taking It	Dose Given & When	Date Started?
	<div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Breakfast Dose: <div></div> <input type="checkbox"/> Evening Meal Dose: <div></div> <input type="checkbox"/> Bedtime Dose: <div></div> <input type="checkbox"/> Other: <div></div>	
	<div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Breakfast Dose: <div></div> <input type="checkbox"/> Evening Meal Dose: <div></div> <input type="checkbox"/> Bedtime Dose: <div></div> <input type="checkbox"/> Other: <div></div>	
	<div></div> <div></div> <div></div> <div></div>	<input type="checkbox"/> Breakfast Dose: <div></div> <input type="checkbox"/> Evening Meal Dose: <div></div> <input type="checkbox"/> Bedtime Dose: <div></div> <input type="checkbox"/> Other: <div></div>	