

MEDICATION FOR INDIVIDUAL CAMPER

Cabin Counselor/Group _____

NAME OF CAMPER: _____ COUNTY: _____

TYPE OF MEDICATION AND PURPOSE: _____

DIRECTIONS FOR DISPENSING: _____

NAME OF PERSON DISPENSING MEDICATION: _____

Time of Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday

NOTE: Fill out a form for each medication. Dispense person write in the time and sign each time medication is given to the camper.

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