

Medication Information Sheet

Camper Name: _____

Caregiver Name/Phone: _____ MD Name/Phone: _____

Allergies: _____

In this section please list each medication, dosage instructions and the reason for each medication the camper is bringing to camp.

Medication Name	Dosage Amount & Instructions (with water, applesauce, etc)	Diagnosis Associated with Medication

In this section, please list the **NAME, DOSAGE, AND TIME** of the medication that will need to be administered to your camper during camp.

Day	Breakfast	Mid-Morning	Lunch	Mid-Afternoon	Dinner	Bedtime
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Treatments in need of Nursing care: _____

For Registration Use Only:

Meds confirmed by Nurse _____ (initial)

Meds confirmed by Caregiver _____ (initial)

Meds returned to caregiver _____ (initial)

Nursing Notes (to be filled out by camp nurses)

Medication Administration Preferences:

Additional Notes:
