Medication Form

to accompany Camp 60s registration form

The Camp Nurse will have control of this form

(which will be destroyed after camp).

Name:_____

Dr. Name and Telephone Number:_____

Medication	Dosage (mg.)	Time of Day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____