

### Camper's Medication Form

Place medicine in a Zip-Lock bag with this form completed.

Camper's Name: \_\_\_\_\_

Camp: OT YT PT JR

Age \_\_\_\_ Sex \_\_\_\_

Medicine(s) with dosages and time(s): Times Available: **Breakfast, Lunch, Dinner, Bedtime-Circle**

_____	BR L D B	_____	BR L D B
_____	BR L D B	_____	BR L D B
_____	BR L D B	_____	BR L D B

Special Instructions: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

Parent/Guardian Cell or Additional Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Church Name: \_\_\_\_\_

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