

## Medication Information Form

**Bring to camp or bus stop**

Camper's Name: _____	<input type="checkbox"/> Camp Elk River	<input type="checkbox"/> Camp Sanderson
Session Date: _____	<input type="checkbox"/> Camp Greenwood	<input type="checkbox"/> Camp Singing Hills
Session Name: _____	<input type="checkbox"/> Camp Lakamaga	<input type="checkbox"/> Camp Whispering Hills
	<input type="checkbox"/> Camp Northwoods	<input type="checkbox"/> Rochester Day Camps

**\*\*\*All prescriptions MUST be in their original container\*\*\***

Medication and Dose: \_\_\_\_\_

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Reason for Medication: \_\_\_\_\_

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Medication is:  Prescription       Over the Counter

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**Please Check Box As To When Medication Should Be Given:**

To Be Given As Needed       Prescribed Times Only\*

\*Please note that we can only administer prescription medication according to directions on the label unless we have a signed doctor's note.

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	BREAKFAST	LUNCH	DINNER	BEDTIME
<b>SUNDAY</b>				
<b>MONDAY</b>				
<b>TUESDAY</b>				
<b>WEDNESDAY</b>				
<b>THURSDAY</b>				
<b>FRIDAY</b>				

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<b>SUNDAY</b>				
<b>MONDAY</b>				
<b>TUESDAY</b>				
<b>WEDNESDAY</b>				
<b>THURSDAY</b>				
<b>FRIDAY</b>				

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_