

Camper Name _____
Last First

Name of Medication #1

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Instructions on Administering Medication #1 (how many times, when?):

Name of Medication #2

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Instructions on Administering Medication #2 (how many times, when?):

Name of Medication #3

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Instructions on Administering Medication #3 (how many times, when?):

If your child takes more than 3 types of medication, please attach additional sheets