Medication Check-in Sheet

Student Name: _____ Leader/Grade: _____

Parent Name: _____ Leader's Phone Number: _____

Parent Phone Number: _____ Cabin: _____

MEDICATION	DOSAGE	CIRCLE: AM or PM	ADD'L INSTRUCTIONS
		AM or PM	
		AM or PM	
EMERGENCY MEDICATION	DOSAGE	WHO HAS MEDICATION	ADD'L INSTRUCTION