

NAME:

SUMMER CAMP MEDICATION LIST

Counselors, please check off when you dispense meds.

MEDICATION	DOSAGE	SUN	MON	TUES	WED	THURS	FRI
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
	AM						
	PM						
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	AM						
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	PM						

ALLERGY LIST

NAME:

ALLERGIES:

NAME:

ALLERGIES:

NAME:

ALLERGIES:

NAME:

ALLERGIES: