

Camp Jonah Camper Medication Form

This form must be completely filled out for campers bringing any medication to camp. Please fill out one section of this form for each medication. **Please send only essential medication.** Incidental, OTC (over-the-counter) medications are supplied by the Medical Supervisor on staff. All medications brought to camp **MUST** be checked in at registration. All medications (prescription, OTC, supplements, vitamins, etc.) require original container and correct name, time, and dosage printed on the label of prescription medications.

Medication for _____

(Name of Camper)

Medication Name:					<input type="checkbox"/> As needed Only <input type="checkbox"/> Dispense Regularly
	Breakfast	Lunch	Dinner	Bedtime	Other
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Medication Name:					<input type="checkbox"/> As needed Only <input type="checkbox"/> Dispense Regularly
	Breakfast	Lunch	Dinner	Bedtime	Other
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Parent/Guardian Signature _____ Date ____/____/____

Please write additional instructions on the back of this form