

Camper's Name: _____

Unit/Trip: _____

Date of Birth: _____

Session: _____

Medication Card • BRING ALL FORMS WITH YOU TO CAMP

circle one: Shiloh Quaker Camp • Opequon Quaker Camp • Teen Adventure

Please list any and all medications your child **brings with him or her to camp:**

Medications taken regularly:

Name of Medicine	Dosage	Time/s
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medications taken as needed:

Name of Medicine	Dosage	Indications
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may package all medications in a labeled calendar kit; please also send the original containers with the original prescription label.

Parent/Guardian Signature

Date

Date

Parent/Guardian Signature

You may package all medications in a labeled calendar kit; please also send the original containers with the original prescription label.

Name of Medicine	Dosage	Indications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Time/s

Dosage

Name of Medicine

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