# SENDING "MEDS TO CAMP" FORM

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| **CAMPER NAME:** | _____ , _____<br>*last* *first* |
| **MEDICATION NAME:** | |
| **DOSAGE:** | |
| **TO BE TAKEN:** | ❑ All Summer<br>❑ Only when needed<br>❑ For specific date span: _____ to _____ |
| **USUAL TIME OF ADMINISTRATION:** | ❑ Breakfast ❑ Evening<br>❑ Lunch ❑ Other:<br>❑ Dinner _____ |
| **NOTES/INSTRUCTIONS:** | |
| **SIGNATURE:** | |