

CAMPER NAME: \_\_\_\_\_

CHURCH GROUP: \_\_\_\_\_

MEDICATION NAME	DOSAGE	FREQUENCY		
	<i>mg or number of tablets</i>	Breakfast	Lunch	Dinner
		Bedtime	As Needed	
		Breakfast	Lunch	Dinner
		Bedtime	As Needed	
		Breakfast	Lunch	Dinner
		Bedtime	As Needed	
		Breakfast	Lunch	Dinner
		Bedtime	As Needed	
		Breakfast	Lunch	Dinner
		Bedtime	As Needed	

**NOTES:**

***All medications must be kept by the nurse (with the exception of inhalers and epipens), even over the counter medications. If a camper keeps medication in their cabin, this is grounds for being sent home.***

***All medications should be kept in original packaging, even over the counter medications (no pill sorters or Ziplock baggies will be accepted). Inhaler and epipen boxes are not required, but the device must be clearly labeled with Camper's name. If the medication is not in the original packaging with clear instructions, the medication cannot be administered at Camp Sooner.***

\_\_\_\_\_  
PARENT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE