## **MEDICATION LOG SHEET**

Be sure to read and fill out all this form then put this form in a zip lock bag with **all MEDICATION** and bring with you to camp. All medication will be given to our RN (Camp Nurse).

## PLEASE BRING WITH YOU TO CAMP!

CAMPER NAME:	

Medication	Dose	Frequency	Time
			(see back of Sheet)

(see back of Sheet)

IV or IM Medication List HERE. YOU MUST HAVE A WRITTEN PHYSICIAN ORDER ATTACHED FOR THE NURSE TO GIVE INJECTABLE MEDICATION!

INJECTABLE MEDICATION	INSTRUCTIONS
All medication should be listed. If yo	our camper takes it with food or after
lunch or needs other special instruct	ions, please note. If your camper has
difficulty taking medication, please a	ttach a note with instruction for the nurse
on the best way to get your camper	to take their medication.
AGAIN, IF YOUR CAMPER TAKES GRO	OWTH HORMONE IM, IV OR SQ
MEDICATION WE MUST HAVE A WRI	TTEN PHYSICIAN ORDER ATTACHED TO
THIS FORM!	
notes:	
Camper, Parent, or Caretake	er Signature:
(camper must be 18 or older before he/	she can sign)

Date: