Camp Arrah Wanna - Camper Medication List

IF YOUR CAMPER WILL BE TAKING PRESCRIPTION, OR NON-PRESCRIPTION, MEDICATIONS WHILE AT CAMP, THIS DOCUMENT NEEDS TO BE COMPLETED AND GIVEN TO THE CAW MEDICAL PERSONNEL AT CHECK-IN, ALONG WITH ALL MEDICATIONS.

IF A MEDICATION IS TAKEN MORE THAN ONCE PER DAY, PLEASE USE A SEPARATE LINE TO LIST EACH TIME THAT THE MEDICATION SHOULD BE TAKEN

Camper Name: _____ **DOB:** _____

Camp Date: _____ **Grade:** _____

1st Emergency Contact: _____

Relationship: _____

Phone: _____

2nd Emergency Contact: _____

Relationship: _____

Phone: _____

LIST ALL MEDICATIONS CAMPER WILL BE TAKING WHILE AT CAMP

Time to Administer	Medication Name	What does this Midication Treat?	Size (mg/ml)	Total Dose to Administer