

**MEDICATION INFORMATION – (1) slip per camper**

- ✓ Campers to submit medications in a parent provided one-gallon zip lock clear baggie. (1) baggie per student.
- ✓ Please PRINT information and place this note in the baggie with medication **in their prescription container.**
- ✓ Campers with inhalers may keep them with them; however, scheduled allergy med's should be submitted.

Student: \_\_\_\_\_ School: \_\_\_\_\_ Parent: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Medication \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: MORNING / LUNCH / DINNER / BEDTIME Other: \_\_\_\_\_

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**\*\*\*\*\* Check-in and nurse use only below \*\*\*\*\***

Cabin #: \_\_\_\_\_ Huddle #: \_\_\_\_\_ Male /Female \_\_\_\_\_

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