

**Medication Form**  
**Student Summer Camp**

**Student's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Mom's Phone #: (C)** \_\_\_\_\_

**Dad's Phone #: (C)** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

<b>Medication</b>	<b>Dose</b>	<b>How many times a day?</b>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Any other medical issues we need to know about:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* Please place the medication (in prescription bottle) and this form in a gallon-sized bag. This will be turned in to the Camp Nurse during check-in on Monday, June 26<sup>th</sup>. The camp nurse will be available at check-in if you need to speak with her.