

Camper Routine & PRN Medications from Home

Camper Name: _____ Dorm/Cabin: _____ Wristband ID# _____
 Camp Session: _____ Dean: _____
 Nurse's Printed Name: _____ License# _____
 Nurse's Signature: _____ Date: _____

Medication & Parent/Legal Guardian Instruction	Sunday Date __/__/__ Times given	Monday Date __/__/__ Times given	Tuesday Date __/__/__ Times given	Wednesday Date __/__/__ Times given	Thursday Date __/__/__ Times given	Friday Date __/__/__ Times given

Special Instruction/Allergies: _____

