

Makemie Woods Medication Form

*A separate form must be completed for each prescription med left for each camper.
and given to the medical professional at the time of registration.*

Camper Name: _____ Age: _____ Camp Session: _____

Medication Name: _____ What days should medication be taken? _____

Please check the appropriate times that camper should take medication. Also, list the doctor-ordered dosage for each time selected.**

- Breakfast _____ Lunch _____ Snack (3:30) _____
 Dinner _____ Snack (8pm) _____ Bedtime (10pm) _____

***Note: Above dose must match what is written on the medicine bottle. Prescription meds must be in or with their original bottles, with the camper and doctor's names.*

When did the camper receive the last dose before coming to camp? _____

Other pertinent information: _____

I certify that the above information is correct and is in accordance with the instructions of this child's physician. I understand that a prescription written for someone other than this camper or a dosage different from what is listed on the bottle cannot be administered without the signed orders of a physician.

Parent's signature: _____ Date: _____

Name of Doctor: _____ Doctor phone number: _____

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