Camper Medication Instruction Sheet

Camper Name: _____ DOB_____ Session: _____Year: _____

Name of Medication (Example: Doxycycline)	Instructions for Medication Purpose of Medication Amt. & When Taken: (Example: one pill 200mg once a Day at Breakfast, Lunch, Supper or PM) Frequency & Duration

Parents signing here is proof of receipt of medications on closing day:

_____
Signature of Parent/Legal Guardian

Count for Controlled Medications

Medication	Opening Count	Count #1	Count #2	Count #3	Count #4	Final Count

Opening Day Count Signatures:_____

Count #1 Signatures: _____

Count #2 Signatures: _____

Count #3 Signatures: _____

Final Count Signatures: _____