

## 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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