

CAMP GOOD NEWS MED SHEET

Camper's Name _____

Please list **all** medications that will be sent to camp with your child, including PRN ("only as needed") meds. **Place this sheet into a Ziploc bag along with the medications.** These notes and all meds will be under the care of the camp nurse.

| Medication Name | Purpose | Dosage | Time(s) to be Given | Extra notes? |
|---|---------|--------|---------------------|--------------|
| <input type="checkbox"/> Check if used only "as needed" | | | | |
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Is there anything else the camp nurse should know about your child's health/medication this week? (You may use the back of this sheet if needed.)