

Camp Good News Med Sheet

Camper's Name _____

Primary Medical Provider (if applicable): _____

Clinic/Care Provider Phone #: _____

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"				
<input type="checkbox"/> Check if used only "as needed"				
<input type="checkbox"/> Check if used only "as needed"				
<input type="checkbox"/> Check if used only "as needed"				
<input type="checkbox"/> Check if used only "as needed"				

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.)

<p>FOR ADMIN ONLY</p> <p>Cabin:</p> <p>Team:</p>
