

PARENT USE	CAMP USE ONLY—INDICATE TIME ADMINISTERED AND INITIAL						
Medication 1	Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Name of Medicine:	BREAKFAST						
Prescribed for:							
Dosage:	LUNCH						
How often:	DINNER						
Comments:	NIGHTTIME						

PARENT USE	CAMP USE ONLY—INDICATE TIME ADMINISTERED AND INITIAL						
Medication 2	Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Name of Medicine:	BREAKFAST						
Prescribed for:							
Dosage:	LUNCH						
How often:	DINNER						
Comments:	NIGHTTIME						

PARENT USE	CAMP USE ONLY—INDICATE TIME ADMINISTERED AND INITIAL						
Medication 3	Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Name of Medicine:	BREAKFAST						
Prescribed for:							
Dosage:	LUNCH						
How often:	DINNER						
Comments:	NIGHTTIME						

PARENT USE	CAMP USE ONLY—INDICATE TIME ADMINISTERED AND INITIAL						
Medication 4	Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Name of Medicine:	BREAKFAST						
Prescribed for:							
Dosage:	LUNCH						
How often:	DINNER						
Comments:	NIGHTTIME						

Please Attach Additional Sheets for Additional Medications