

Best Day Camp Ever - YOUTH Medication Record

Child's Name _____ Height _____ Weight _____ Age _____
 Camp Dates: _____

	Date	Time	Initials
1. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			
2. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			
3. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			
4. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			
5. Medication			
Purpose			
Prescribed dose			
Time usually given			
Special instructions, comments			

Prescribing Physician's Name _____ Phone _____

Signature of Parent/Guardian _____