

Camper's Name:

Dates Attending Camp:



Medication Form

This camper does not have any medications to be taken at camp. _____

This camper is directed to have the below medications taken as directed below while at camp. _____

Medication <small>List all prescription & over-the-counter medications.</small>	Dosage	Breakfast	Lunch	Dinner	Bedtime	As Needed	Special Instructions

Name of Doctor/Nurse Practitioner/Physician Assistant (please print):

Signature:

Phone #:

E-Mail To: Camp@CampWhitman.org

Fax To: (315) 707-3043