



2018 Additional Medication Form

Participant's Information

Last Name		First Name		Middle Name	
Street			Email		
City		State		Zip	County
Dates will attend camp from (mm/dd/yy) to		Date of Birth (mm/dd/yy) / /	Age during camp	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Routine Medication

- This participant will not take any daily medications while attending camp
 This participant will take the following medication(s) while at camp:

Medication and dose	Dosage at each time given	Time	Route and special instructions (crush pills, give w/ applesauce, etc.)

Other Notes: (Please note any specific instructions regarding possible side effects, duration of time to be administered, activity limits, etc)