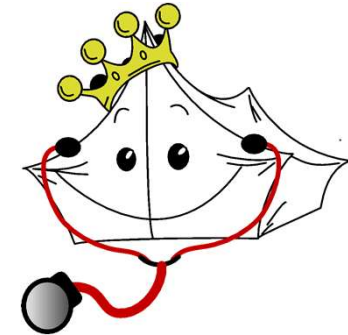


Medication Form

Please fill out the table below for anyone who will be taking medication while at camp. New state law allows your unit to decide if they want to keep medication at the campsite in a locked container, or if they want to turn in medication to the health office upon arrival.

Remember to send medications to camp in their original containers.

For time of day, stating: "after breakfast" or "before dinner" is acceptable.



| Unit | | Name | | | Age | Period |
|------|------------|----------------------|--------------|---------------|---------------|------------------------|
| # | Medication | Time(s) of Day/Doses | | | Special Notes | Restrictions |
| Ex | X pills | 700/1 pill | 1300/ 1 pill | 1800/ 2 pills | Take w/ Food | Cannot take after 1200 |
| 1 | | / | / | / | | |
| 2 | | / | / | / | | |
| 3 | | / | / | / | | |
| 4 | | / | / | / | | |
| 5 | | / | / | / | | |
| 6 | | / | / | / | | |
| 7 | | / | / | / | | |
| 8 | | / | / | / | | |
| 9 | | / | / | / | | |