

Lake Geneva Camper Medication Form

1. List all medications that are being sent to camp on chart below. List medication, dose and time of day the medication is to be received (Breakfast, Lunch, Dinner, Bedtime)
2. All meds, prescription and over the counter meds MUST be in the smallest original pharmacy bottle or container possible. NO medications will be accepted loose in a bag or in a pill dispenser.
3. Do not send vitamins or “as needed” (i.e. Tylenol, Benadryl, Tums) medications unless prescribed by a physician.
4. Name of the camper must be on each prescription package.
5. Please sign and include this form in a zip lock bag with the medications.

Camper Name: _____

Parent Signature: _____

| Name of medication | Dose | Breakfast | Lunch | Dinner | Bedtime |
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