

Medication Information

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time/s Given: \_\_\_\_\_

Route: \_\_\_\_\_ Purpose: \_\_\_\_\_

Possible Adverse Reactions: \_\_\_\_\_

Swallows pills whole:

w/water  w/juice  mixed in yogurt  mixed in applesauce  Other: \_\_\_\_\_

Pills are crushed and:

mixed in yogurt  mixed in applesauce  Other: \_\_\_\_\_

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Return completed medication form to: Camp Evergreen  
2776 N. 31st Place  
Sheboygan, WI 53083