

Camper Name _____

Session Date _____

** If your camper is diabetic or requires tube feedings or a CPAP, forms are available on our website campmillhouse.org. If your camper doesn't take any medications, "No Meds" must be written on this form and the back must be signed by camper's physician.**

EXAMPLE
ONE MED PER LINE

Name of med	<i>Abilify</i>
How many mg/tab?	<i>5mg</i>
How many tablets/dose?	<i>1 Tablet</i>
How many times a day?	<i>2X/day</i>

 Usual time: 8:00 am and 8:00 pm
1

Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

Usual time: _____

2

Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

Usual time: _____

3

Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

Usual time: _____

4

Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

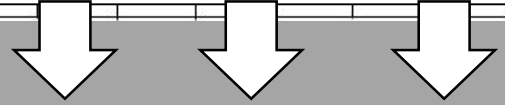
Usual time: _____

5

Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

Usual time: _____

TIME	SUN	MON	TUE	WED	THU	FRI	SAT
This is where our Camp nurses keep track of meds given to the camper <u>WHILE THEY ARE AT CAMP</u> . Please do not write in this space. It is for <u>CAMP USE ONLY</u> .							



TIME	SUN	MON	TUE	WED	THU	FRI	SAT

TIME	SUN	MON	TUE	WED	THU	FRI	SAT

TIME	SUN	MON	TUE	WED	THU	FRI	SAT

TIME	SUN	MON	TUE	WED	THU	FRI	SAT

TIME	SUN	MON	TUE	WED	THU	FRI	SAT

Camper Name _____ Session Date _____

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Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

Usual time: _____

7

Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

Usual time: _____

8

Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

Usual time: _____

9

Name of med	
How many mg/tab?	
How many tablets/dose?	
How many times a day?	

Usual time: _____

TIME	SUN	MON	TUE	WED	THU	FRI	SAT

TIME	SUN	MON	TUE	WED	THU	FRI	SAT

TIME	SUN	MON	TUE	WED	THU	FRI	SAT

TIME	SUN	MON	TUE	WED	THU	FRI	SAT

Primary Physician's Original Signature (no stamps): _____

Printed name: _____ Phone #: _____

Camper takes meds:	
<input type="checkbox"/>	Whole
<input type="checkbox"/>	Crushed
<input type="checkbox"/>	In Juice
<input type="checkbox"/>	Applesauce
<input type="checkbox"/>	Pudding

**** If your camper is DIABETIC or requires TUBE FEEDINGS or a CPAP, the forms are available on our website campmillhouse.org . If your camper does not take any medications, "No Meds" must be written on this form and the back must be signed by camper's physician.**

CAMP MILLHOUSE HEALTH CARE STAFF ONLY	
Intl.	SIGNATURE