



MEDICATION DISPENSED DURING CAMP

**DO NOT MAIL THIS FORM TO THE CITY OFFICE
BRING THIS FORM TO THE BUS ON THE FIRST DAY OF CAMP
ALONG WITH YOUR CHILD'S MEDICATION**

The following medication is to be given to my child while at camp:

Camper's Name: _____ Sex: M F

Program: Western 1 Alaska Agree
 Western 2 Kennedy Ultimate Agree

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Home Phone: _____ Cell Phone: _____

Food & Drug Allergies: _____

Medication: _____

Dose: _____

Amount (e.g. number of tablets, number of inhalations): _____

Time Given (circle all that apply):

Breakfast Lunch Dinner Bedtime* Other: _____

Instructions: _____

Medication: _____

Dose: _____

Amount (e.g. number of tablets, number of inhalations): _____

Time Given (circle all that apply):

Breakfast Lunch Dinner Bedtime* Other: _____

Instructions: _____

* Daily medications are distributed at breakfast, lunch and dinner; unless specifically required at bedtime.

Medication: _____

Dose: _____

Amount (e.g. number of tablets, number of inhalations): _____

Time Given (circle all that apply):

Breakfast Lunch Dinner Bedtime* Other: _____

Instructions: _____

Medication: _____

Dose: _____

Amount (e.g. number of tablets, number of inhalations): _____

Time Given (circle all that apply):

Breakfast Lunch Dinner Bedtime* Other: _____

Instructions: _____

Medication: _____

Dose: _____

Amount (e.g. number of tablets, number of inhalations): _____

Time Given (circle all that apply):

Breakfast Lunch Dinner Bedtime* Other: _____

Instructions: _____

Medication: _____

Dose: _____

Amount (e.g. number of tablets, number of inhalations): _____

Time Given (circle all that apply):

Breakfast Lunch Dinner Bedtime* Other: _____

Instructions: _____

DO NOT MAIL THIS FORM TO THE CITY OFFICE
BRING THIS FORM TO THE BUS WITH YOUR CHILD'S MEDICATION