



As Needed Medication

(OTC and prescription medication taken when needed but not scheduled.)

Mountain Camp Woodside
Camper Medication Log - 2017

Session:		Date:	
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Camper's Name:		Date of Birth:	
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Parents Signature: _____ Date: _____

EpiPen		Allergic to?		Reaction Time	
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Medication:		Used For:	
Route:		Dosage:	
Special Instructions:			

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Medication:		Used For:	
Route:		Dosage:	
Special Instructions:			

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



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