

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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Route: _____ Purpose: _____

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