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Camper Medication Form

Camper's Name _____

We must receive a form for each camper regardless if they take medications or not

County Riley

Please place an X in the box below of the time when the medication should be administered.

If your child does not take any medications, please put NA or none in the boxes.

Name of Medication	Dosage (amount to be given)	Breakfast	Lunch	Dinner	Bedtime	As needed	Reason taking Medication

Allergies: _____

Special Instructions/Concerns/Side Effects or Reactions: _____

Please email this form to Brandy bmberg@ksu.edu You will receive an email confirmation. If you do not receive an email, please contact the Extension Office 785-537-6350 or email bmberg@ksu.edu.

For Staff Use Only: