

Camper Name _____

Box 36, Como, CO 80432
 719.836.2382
www.campcomo.com



All Campers must submit this form. If no medications, check below.

PLEASE CHECK HERE IF NO MEDICATIONS.

Camper Medication Chart

Day	Medication	Dose	Time	Medication	Dose	Time	Medication	Dose	Time
Example	X Zyrtec	1 Tablet	Before Bed	X Methylphenidate	54 mg	After Breakfast	X ProAir Inhaler	2 Puffs	As Needed
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									

All medication must be in its original container(s) and display dispensing instructions, including Over the Counter, Vitamins, Herbs, Homeopathic, etc.

Parent Signature: _____ Date: _____