



# 2024 Medication Form

(to be completed by Camper's Physician)

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Time duration of order: \_\_\_\_\_

**\*\* Physician's Medications Orders are preferred, but this form may be substituted.  
Signed Orders are required from ALL prescribing physicians.**

Prescription Medication <small>(Attach additional sheets if necessary)</small>	Dosage	Frequency	Diagnosis/Indication
Over the Counter Medications <small>(Example: Tylenol, Advil, Tums, etc.)</small>	Dosage	Frequency	Diagnosis/Indication

**PHYSICIAN'S** SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

I hereby request that the above named camper be given medications listed above as prescribed by the physician:

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_