



2025 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: _____