2026 Medication Form

(to be completed by Camper's Physician)

Camper's Name: _____ DOB: _____/_____/_____

Time duration of order: _____

**** Physician's Medications Orders are preferred, but this form may be substituted. ORDERS MUST BE SIGNED.**
All medications must arrive in original containers and must match the signed orders.

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

PHYSICIAN'S SIGNATURE_____ DATE: _____

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

PARENT SIGNATURE: _____ DATE: _____

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