

TAKE TO CAMP CHECK-IN

GSSJC Camper Daily Medication Record 2012

Unit Name (Camp use only): _____ Session Name: _____ Week No: _____
Camper Last Name: _____ First Name: _____ Date: _____

Please list each prescribed & non-prescribed medication sent to camp. ALL medications must be given to the Camp Nurse or her assistant during check-in. Campers with Inhalers or Epi-Pins should be checked in first then returned to the camper by the Camp Nurse. Prescription medication requires Doctor's instructions on the label or handwritten instructions from the Doctor.

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Name of person providing written instructions (must be parent/guardian or physician) print: _____

Parent/Guardian Signature: _____ Date: _____
GSSJC O-220 (RC) 1/08

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GSSJC Camper Daily Medication Record 2008

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