



Getaways with greater purpose.



# Medication Intake Form

Camper's Name:	Cabin:
Allergies:	

MEDICATION and DOSE	Time to be Given	Sun	Mon	Tues	Wed	Thur	Fri
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
	Breakfast						
	Lunch						
	Supper						
	Bedtime						

Guardian Signature:
Date:

\*Medications can only be administered at our four designated times.\*

\*"Just in case" medications other than inhalers and EpiPens will not be accepted.\*

Come discover the warmth of our hospitality at Camp Caroline.