## **Best Day Camp Ever - YOUTH Medication Record**

	Camp Dates:					
Child's Name	Height	Weight	Weight		Age	
		I	Date	Time	Initials	
1. Medication						
Purpose						
Prescribed dose						
Time usually given						
Special instructions, comments						
2. Medication						
Purpose						
Prescribed dose						
Time usually given						
Special instructions, comments						
3. Medication						
Purpose						
Prescribed dose						
Time usually given						
Special instructions, comments						
4. Medication						
Purpose						
Prescribed dose						
Time usually given						
Special instructions, comments						
5. Medication						
Purpose						
Prescribed dose						
Time usually given						
Special instructions, comments						

Prescribing Physician's Name

Phone\_\_\_\_\_