

Camp Tadmor Med Check-in Form

Camper Name: _____ DOB: _____

Allergies: _____

Cabin: _____

Medication (what): _____

Dosage (how much): _____

Frequency (how often): _____

Time of Day (when): _____

Reason for medication: _____

Special instructions: _____

Medication (what): _____

Dosage (how much): _____

Frequency (how often): _____

Time of Day (when): _____

Reason for medication: _____

Special instructions: _____

Medication (what): _____

Dosage (how much): _____

Frequency (how often): _____

Time of Day (when): _____

Reason for medication: _____

Special instructions: _____

All over-the-counter medications must be in original packaging. Prescription meds must be in original container with pharmacy label that includes camper name and instructions. Any meds NOT in original container will not be accepted.

If your Camper has Medications to take

- Fill in this form
- **PRINT** the form
- Bring it with you to Check-in

Medication (what): _____

Dosage (how much): _____

Frequency (how often): _____

Time of Day (when): _____

Reason for medication: _____

Special instructions: _____

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