

Medication Intake Form



Parent/Guardian Signature

Date

Camp Caroline

Camper Information

Camper's Name:	Cabin Number + Counsellor:	Allergies:

Medications

Medication + Dose	Time of Day	SUN	MON	TUES	WED	THUR	FRI
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
	As Needed						

Medication + Dose	Time of Day	SUN	MON	TUES	WED	THUR	FRI
	Breakfast						
	Lunch						
	Supper						
	Bedtime						
	As Needed						

Medications can ONLY be administered at our four designated times. "Just in case" medications, other than inhalers and EpiPens, will not be accepted.

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	Lunch						
	Supper						
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