

## 2009 Goose Pond Summer Camp Medication Form

(Use this form only if you are NOT using the new universal Annual Health & Medical Record #34605)

**“Please Print Clearly”**

Name: \_\_\_\_\_ Troop # \_\_\_\_\_

<b>Medication name 1</b>		<b>FOR CAMP USE ONLY</b>							
<b>Dosage and frequency</b>		<b>MED TIME</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
<b>Special storage (refrig, etc.)</b>									

Y/N

Does this medication need to be carried by the individual for emergency use?

Y/N

Does this medication need to be taken with food?

<b>Medication name 2</b>		<b>FOR CAMP USE ONLY</b>							
<b>Dosage and frequency</b>		<b>MED TIME</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
<b>Special storage (refrig, etc.)</b>									

Y/N

Does this medication need to be carried by the individual for emergency use?

Y/N

Does this medication need to be taken with food?

<b>Medication name 3</b>		<b>FOR CAMP USE ONLY</b>							
<b>Dosage and frequency</b>		<b>MED TIME</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
<b>Special storage (refrig, etc.)</b>									

Y/N

Does this medication need to be carried by the individual for emergency use?

Y/N

Does this medication need to be taken with food?

<b>Parent or guardian signature</b>	
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<b>Medication name</b> 4		<b>FOR CAMP USE ONLY</b>							
		<b>MED TIME</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
<b>Dosage and frequency</b>									
<b>Special storage (refrig, etc.)</b>									

Y/N

Does this medication need to be carried by the individual for emergency use?	
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Y/N

Does this medication need to be taken with food?	
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<b>Medication name</b> 5		<b>FOR CAMP USE ONLY</b>							
		<b>MED TIME</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
<b>Dosage and frequency</b>									
<b>Special storage (refrig, etc.)</b>									

Y/N

Does this medication need to be carried by the individual for emergency use?	
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Y/N

Does this medication need to be taken with food?	
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<b>Medication name</b> 6		<b>FOR CAMP USE ONLY</b>							
		<b>MED TIME</b>	<b>S</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>T</b>	<b>F</b>	<b>S</b>
<b>Dosage and frequency</b>									
<b>Special storage (refrig, etc.)</b>									

Y/N

Does this medication need to be carried by the individual for emergency use?	
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Y/N

Does this medication need to be taken with food?	
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