



Medication Instructions for the First Aid Staff

Camper Name: _____

Room: _____ Leader: _____

Medication	Dosage	Time (Breakfast, Lunch, Dinner, Bedtime)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for medication:

Parent/Guardian/ Signature: _____

Phone Number: _____ Date: _____

Please have this form filled out for the Camp Illiana First Aid Staff prior to check-in.