



CAMPER APPLICATION

CAMPER'S NAME: _____

MEDICATION FORM

1. Please fill-out this form prior to summer camp. The form needs to be at MHCC by August 1, 2016.
2. Camper's who are on Coumadin will need a printed accurate weekly dosing form from the blood clinic. This doing form will need to be included with the medication form.

Camper's or Staff's Name:								
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Medication:	TIME:	Sun	Mon	Tue	Wed	Thurs.	Fri	Sat
EXAMPLE:	Breakfast	X	X	X	X	X	X	X
Digoxin 25 mg twice a day	Lunch							
	Dinner							
	Bed	X	X	X	X	X	X	X
	Breakfast							
	Lunch							
	Dinner							
	Bed							
	Breakfast							
	Lunch							
	Dinner							
	Bed							
	Breakfast							
	Lunch							
	Dinner							
	Bed							
	Breakfast							
	Lunch							
	Dinner							
	Bed							
	Breakfast							