



# MEDICINE FORM

Complete this form if your camper is using any medications, both prescription and / or over-the-counter, that must be administered while at a Stone Soup event.

All medications must be in original container(s) with the proper dosage listed on the label – this includes both prescription and over-the-counter medications.

Camper Name

\_\_\_\_\_

Special Need (simple description)

\_\_\_\_\_

When is / are the next medication(s) due today/tonight? AM \_\_\_\_\_ PM \_\_\_\_\_

Describe Medications used (if applicable)

Medications _____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____

Have medications been administered on schedule this week? Yes / No

Have medications been administered on schedule today? Yes / No

Any special instructions? \_\_\_\_\_

\_\_\_\_\_

Signature of Responsible person \_\_\_\_\_ Date \_\_\_\_\_

CONTACT PHONE NUMBER(S) \_\_\_\_\_ / \_\_\_\_\_