

Camper's Name:	Age:	Sex:
Area/Trip Leader:		
<i>Please place an X in the column when the meds are to be administered</i>		

Medication:		Dosage:			
Reason for taking:					
Administration:					
Side Effects:					
DAY/DATE	Early AM	BREAKFAST	LUNCH	DINNER	BEDTIME
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

Medication:		Dosage:			
Reason for taking:					
Administration:					
Side Effects:					
DAY/DATE	Early AM	BREAKFAST	LUNCH	DINNER	BEDTIME
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
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