

4-H Camp (Lake, LaPorte, Porter, Starke) Medicine Form

Please fill out one form for all medications you are sending with your child to camp. Medication needs to be in a ziploc baggie, in its original packaging when you show up to go to camp.

Child's Name _____ County _____

Age _____ Gender _____

Reason for medication: _____

Does Medicine need to be refrigerated? Yes No (Circle one)

When is this medication supposed to be given to camper? (Mark all that apply and please note which medication) *If there is an exact time that medicine needs to be given then mark **Other** and list time(s).*

- _____ Breakfast
- _____ Lunch
- _____ Supper
- _____ Bedtime
- _____ Other (Specify)

Parent's signature _____ Date _____

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