

# Camp CHI-RHO Medication List

Camper Name: \_\_\_\_\_ Grade: 3/4Boy 5/6Boy 7/8Boy

3/4Girl 5/6Girl 7/8Girl

Please list all of your Campers medications including any over the counter medication.

Medication Name	Dosage	B=Breakfast L=Lunch			
		D=Dinner	S=Snack/Bedtime		
1. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
2. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
3. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
4. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
5. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
6. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
7. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
8. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
9. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>
10. _____	_____	<b>B</b>	<b>L</b>	<b>D</b>	<b>S</b>

You can send medications in a pill organizer. Please have it labeled with child's name.

Can We give your Child any over the counter medication. Yes No