

# Camp CHI-RHO Medication List

Name: \_\_\_\_\_

Grade:    3/4Boy    5/6Boy    7/8Boy    3/4Girl    5/6Girl    7/8Girl    Staff

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**

Name	Dosage	Time of Day			
		B	L	D	S
1. _____	_____	B	L	D	S
2. _____	_____	B	L	D	S
3. _____	_____	B	L	D	S
4. _____	_____	B	L	D	S
5. _____	_____	B	L	D	S
6. _____	_____	B	L	D	S
7. _____	_____	B	L	D	S
8. _____	_____	B	L	D	S
9. _____	_____	B	L	D	S
10. _____	_____	B	L	D	S

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