

CAMP NORTHSTAR MEDICATION ORDER/ADMINISTRATION FORM

Please have your MD complete the left-hand side of this form with the current medications to be given at camp.

Medications are given during mealtimes and at bedtime during camp session.

Camper Name _____

This section for Camp Nurse documentation only

MEDICATION <small>PLEASE INDICATE DOSE AND FREQUENCY</small>	TIME	SAT	SUN	MON	TUE	WED	THU	FRI
	B							
	L							
	D							
	HS							
	B							
	L							
	D							
	HS							
	B							
	L							
	D							
	HS							
	B							
	L							
	D							
	HS							
	B							
	L							
	D							
	HS							

* Physician's Name _____ * Physicians Signature _____

Address _____ Phone _____ * Lic.# _____ Stamp *

* Date Physician/PA Signed _____

* Parent Signature _____ Date _____

Nurses Initials _____ Signature _____

