



MEDICINE FORM

Complete this form if your camper is using any medications, both prescription and / or over-the-counter, that must be administered while at a Stone Soup event.

All medications must be in original container(s) with the proper dosage listed on the label – this includes both prescription and over-the-counter medications.

Camper Name

Special Need (simple description)

When is / are the next medication(s) due today/tonight? AM _____ PM _____

Describe Medications used (if applicable)

Medications _____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____

Have medications been administered on schedule this week? Yes / No

Have medications been administered on schedule today? Yes / No

Any special instructions? _____

Signature of Responsible person _____ Date _____

CONTACT PHONE NUMBER(S) _____ / _____