

The next dose of medication due today is

# HEALTH AND MEDICATION RECORD

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Dinner  
CAMPER NAME Jane Doe

AGE 21

SEX Female

ASSIGNED GROUP \_\_\_\_\_

SESSION \_\_\_\_\_

SESSION DATES \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Medication Name	Dosage (mg)	Amount (# of tabs / ml)	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
Tegretol	100mg	2 Tabs	Brk																																			
		1 Tab	Dinner																																			
		1 Tab	Bed																																			
Tegretol	200mg	1 Tab	Brk																																			
		1 Tab	Bed																																			
Baclofen	20mg	1 Tab	Lunch																																			
		1 Tab	Bed																																			

**SAMPLE**

ALL SECTIONS IN RED TO BE FILLED  
OUT BY PARENT/GUARDIAN.  
PLEASE LEAVE ALL OTHER SECTIONS  
BLANK.

TREATMENT	APPLICATION	Time
Desitin	Apply generously to diaper rash areas	AM
		Bed

ALLERGIES Latex

Penicillin

SIGNATURE Mary Doe  
Parent/Guardian

Meds taken by: (please check one) \_\_\_ mouth \_\_\_ tube \_\_\_ with applesauce/pudding  water

