

God's Mountain Med Sheet

Camper Name _____ Camp Date _____

Parent name _____ Emerg Phone: _____

AM Prescription:

Notes: _____

1. _____
2. _____
3. _____
4. _____
5. _____

Noon Prescription:

Notes: _____

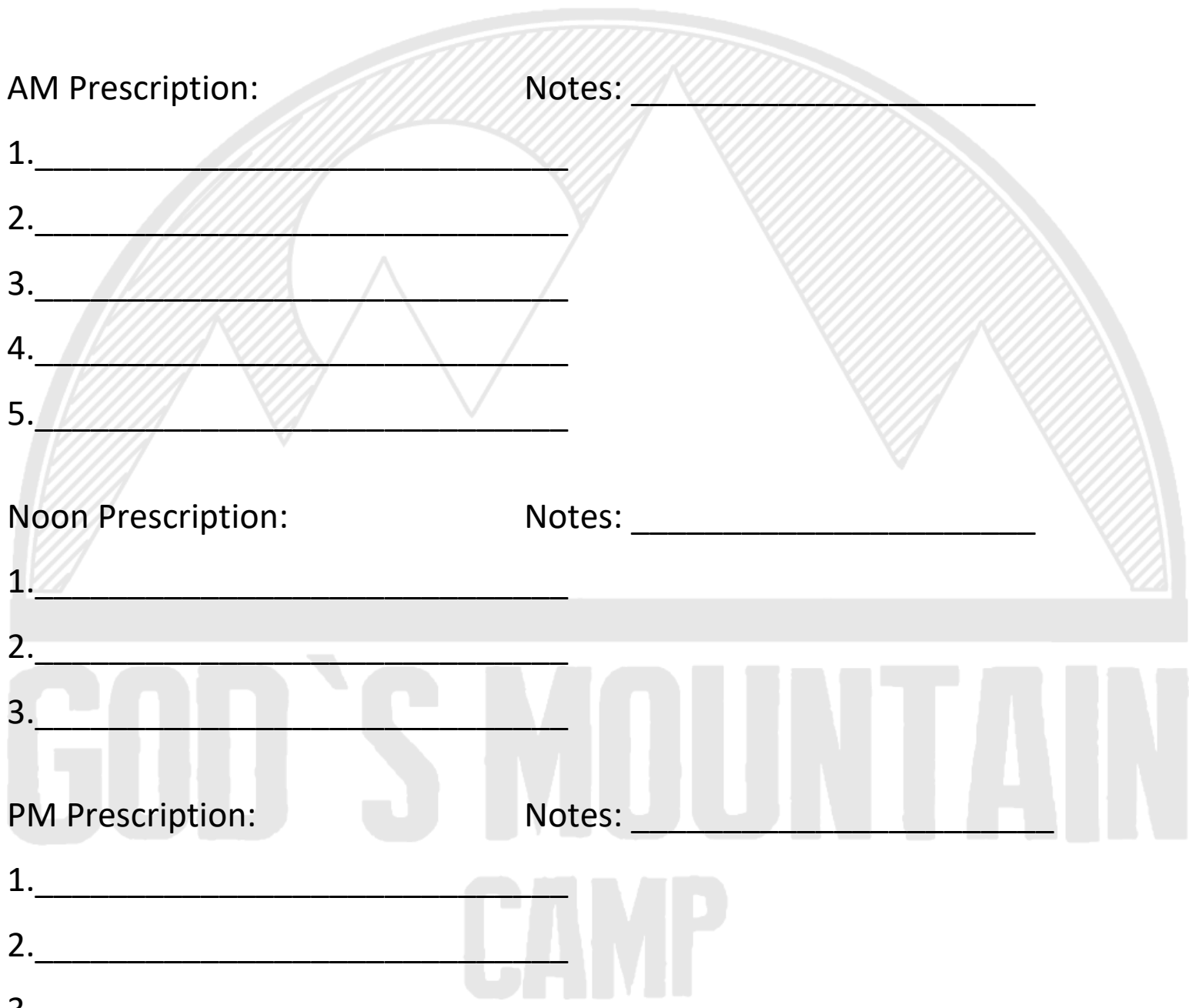
1. _____
2. _____
3. _____

PM Prescription:

Notes: _____

1. _____
2. _____
3. _____
4. _____

As Needed: _____



Allergies/Exclusions: _____

Please bring this form filled out with your camper on registration day with pill organizer filled.

Please bring your Childs meds sorted into the times they need to take them.

With their name and phone written on the side.



Please pack only enough for the camp they are attending.

As needed meds can be brought in original packaging.

Inhalers and Epi Pens can be placed in ziplock bag w/ their name and phone number clearly marked.

GOD'S MOUNTAIN
CAMP



Thank you for helping us Serve your kids well and keep them healthy!

GOD'S MOUNTAIN CAMP