

# Summer Camp 2020

<b>Scout Name:</b> _____ <b>Emergency Contact:</b> <b>Name:</b> _____ <b>Tel:</b> _____ <b>Cell:</b> _____	<b>Allergies:</b> _____ _____ _____	<b>Doctor Information</b> <b>Name:</b> _____ <b>Tel:</b> _____
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	Name of Medication					Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday																
	(Circle time when medication is taken)					7/18	7/19	7/20	7/21	7/22	7/23	7/24	7/25	7/25	7/26	7/27	7/28	7/29	7/30	7/31																
1	AM   Noon   PM   Bed   As Needed					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	
						N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N
2	AM   Noon   PM   Bed   As Needed					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	
						N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N
3	AM   Noon   PM   Bed   As Needed					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	
						N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N
4	AM   Noon   PM   Bed   As Needed					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	
						N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N
5	AM   Noon   PM   Bed   As Needed					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	
						N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N
6	AM   Noon   PM   Bed   As Needed					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN	
						N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N	B		N

SHADED AREA ABOVE FOR CAMP USE ONLY

**PARENTS PROVIDE ABOVE INFO.**

Comments:

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