

Summer Camp - New York 2022

Scout Name:					Allergies:					Doctor Information: Name :						
Emergency Contact: Name :					Phone Numbers					Doctors Phone No:						
					Tel:											
					Cell:											
Name of Medication					<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>	
(Circle time when medication is taken)					7/21	7/22	7/23	7/24	7/25	7/26	7/27	7/28	7/29	7/30	7/31	
1					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN
	AM	Noon	PM	Bed	As Needed	N	B	PRN	N	B	PRN	N	B	PRN	N	B
2					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN
	AM	Noon	PM	Bed	As Needed	N	B	PRN	N	B	PRN	N	B	PRN	N	B
3					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN
	AM	Noon	PM	Bed	As Needed	N	B	PRN	N	B	PRN	N	B	PRN	N	B
4					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN
	AM	Noon	PM	Bed	As Needed	N	B	PRN	N	B	PRN	N	B	PRN	N	B
5					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN
	AM	Noon	PM	Bed	As Needed	N	B	PRN	N	B	PRN	N	B	PRN	N	B
6					A	P	PRN	A	P	PRN	A	P	PRN	A	P	PRN
	AM	Noon	PM	Bed	As Needed	N	B	PRN	N	B	PRN	N	B	PRN	N	B
PARENTS PROVIDE ABOVE INFO.					SHADED AREA ABOVE FOR CAMP USE ONLY											

Comments:
