Troop 497 Medication Form

Camp Rotary, Clare, MI 2026

Name :_____

AM/PM

Emergency Contact:	***Allergies:***	***Doctor Information:***
Name: _____	_____	***Name:*** _____
Cell: _____	_____	***Tel:*** _____
Other: _____	_____	

Name of Medication	*Friday*	*Saturday*	*Sunday*	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*					
(Circle time when medication is taken)	7/24	7/25	7/26	7/27	7/28	7/29	7/30	7/31	8/1	8/2					
	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					
AM Noon PM Bed **As Needed**	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B 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	A P PRN					
AM Noon PM Bed **As Needed**	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B 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	A P PRN					
AM Noon PM Bed **As Needed**	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B 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	A P PRN					
AM Noon PM Bed **As Needed**	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B 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	A P PRN					
AM Noon PM Bed **As Needed**	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B 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	A P PRN					
AM Noon PM Bed **As Needed**	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN	N B PRN					
PARENTS PROVIDE ABOVE INFO.	SHADED AREA ABOVE FOR CAMP USE ONLY														

Comments:

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