

**Camp Illiana  
Camper Medication Information Form**



Camper Name: \_\_\_\_\_

Room: \_\_\_\_\_

Leader: \_\_\_\_\_

Medication	Dosage	Time (Breakfast, Lunch, Dinner, Bedtime)

Reason for medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Please have this form filled out for the Camp Illiana First Aid Staff prior to check-in.**