Camper Medical History and Medication Form

Name:____ Date of Birth: _________

Medical Doctor: ________________________ Contact # ____________________

Allergies:

____
____
____

Past Medical History:

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PLEASE PLACE ALL MEDICATIONS IN A 1 GALLON ZIPLOC BAG ALONG WITH THIS FORM

Medication	Time Given	Dosage	Day 1	Day 2	Day 3	Day 4	Initials
_______________	am pm _____	______	☐	☐	☐	☐	☐
_______________	am pm _____	______	☐	☐	☐	☐	☐
_______________	am pm _____	______	☐	☐	☐	☐	☐
_______________	am pm _____	______	☐	☐	☐	☐	☐
_______________	am pm _____	______	☐	☐	☐	☐	☐
_______________	am pm _____	______	☐	☐	☐	☐	☐
_______________	am pm _____	______	☐	☐	☐	☐	☐

The medical officer may give any of the following medications as needed (Check Yes or No)

Yes / No	Ibuprofen
Yes / No	Tylenol
Yes / No	Bendaryl
Yes / No	Pepto Bismol
Yes / No	Pain Spray
Yes / No	Triple Antibiotic Ointment

WEE Staff Only
Name of Medical Officer:

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Date: _________________