

**Camper Name:**

## CAMP WIDJIWAGAN MEDICATION SHEET

**Parent/Guardian to complete: Please list any medication that your camper requires over the course of the weekend.**

1. MEDICATION BROUGHT TO CAMP?

Yes

No

If Yes, **MUST** be in original labeled pill bottle and referred to the Camp Staff. Over the counter medication **MUST** be in the original container and have instructions. Please list Medications and times.

Medication	Dosage	Time Taken

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_