

# Camper's Medicine Schedule-Dude Camp 2024

All medications must come in the original container with the child's name and drug name.  
Over-the-counter medications must be in the original package, please.

Breakfast	Mid-Morning	Lunch	Afternoon	Supper	Bedtime

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

Medication Directions:

Breakfast: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lunch: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supper: \_\_\_\_\_

\_\_\_\_\_ Bedtime: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As needed: \_\_\_\_\_

Please write any concerns or more instructions on the back of the sheet.

If your child **does not** need to take any medications you don't need this. Thank You!

†Parent Signature: \_\_\_\_\_