

Please administer the following medications, as directed, for my child during his/her camp stay at Saint Mary's University of Minnesota.

Name of Medication _____

Dosage _____

| | Time | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|------------------|-------------|------------|------------|-------------|------------|--------------|------------|------------|
| Morning | | | | | | | | |
| Afternoon | | | | | | | | |
| Evening | | | | | | | | |

Name of Medication _____

Dosage _____

| | Time | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|------------------|-------------|------------|------------|-------------|------------|--------------|------------|------------|
| Morning | | | | | | | | |
| Afternoon | | | | | | | | |
| Evening | | | | | | | | |

Child's Name _____

Parent/Guardian-Please Print _____

Parent/Guardian-Signature _____

Dates/Duration of Camp _____