

7Lakes

CHECK IF MEDS WILL BE NEEDED AT
DINNER OR BEFORE BED ON MONDAY

MEDICATION FORM - Camp Jubilee 2019 Use Only

CAMPER NAME: _____

MEDICATION NAME: _____

DOSAGE (INCLUDE TIME OF DAY): _____

MORNING/
BREAKFAST

LUNCH

DINNER

BEFORE
BED

THIS MEDICATION IS FOR: _____

I GIVE PERMISSION FOR CAMP JUBILEE STAFF TO ADMINISTER THIS MEDICATION
TO MY CHILD.

SIGNATURE: _____ DATE: _____

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