

COTTONWOOD CHURCH MEDICATIONS / CHILDREN'S CAMP

NAME _____ GRADE _____ COUNSELOR _____

Medication	Dosage	Time(s)	Comments

Allergies _____ Medical Alerts _____

PARENT SIGNATURE _____ PHONE _____

For nurse's use only:

	Medication	Thursday	Friday	Saturday	Sunday	Monday
<i>Breakfast</i>						
<i>Lunch</i>						
<i>Dinner</i>						
<i>Bedtime</i>						

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