

Kidz Kamp
MEDICATION INSTRUCTION FORM

PLEASE PUT YOUR CHILD'S MEDICATIONS INTO A ZIP-LOCK BAG
WITH THESE INSTRUCTIONS FOR THE NURSES.
(Please do not put form in bag with liquid medications.)

Child's Name: _____

Church: _____

Medication: _____ Dose: _____

Time(s): _____

Special Instructions: _____

Medication: _____ Dose: _____

Time(s): _____

Special Instructions: _____

Medication: _____ Dose: _____

Time(s): _____

Special Instructions: _____

Medication: _____ Dose: _____

Time(s): _____

Special Instructions: _____

Medication: _____ Dose: _____

Time(s): _____

Special Instructions: _____