

Camper Name: _____

Daily Medication(s)

Medication Name	Dosage	Time of Day		
		Morning	Evening	Additional Times
<i>Claritin</i>	<i>1 pill, 10 mg</i>		<i>x</i>	<i>example</i>

**Please include this paper with your child's medications in a ziplock bag.

Additional comments: