

<p style="text-align: center;"><u>Camp Use Only</u></p> <input type="checkbox"/> Check Labels <input type="checkbox"/> Reviewed Schedule <input type="checkbox"/> Parental Signature <input type="checkbox"/> Counselor List Nurse Signature: _____ Page ____ of ____	<p>Name: _____, _____</p> <p style="text-align: center;">(Last) (First)</p> <p>Bunkhouse: _____</p> <p>Dates of Camp/Retreat: _____</p> <p>Allergies or Special Conditions: _____</p> <p>Parent or Guardian Signature: _____</p> <p>Parent's Address: _____ City/State _____</p> <p>Parent's Phone/Cell # _____</p>	<input type="checkbox"/> Rancher
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All prescription medication must be in original RX container with name and dosage. Please be sure all containers are marked with rancher's name. Meds will be dispensed by volunteer Nursing Staff or qualified MMR Staff.

Medication Name Reason for Medication <small>Example: Zyrtec for allergies</small>	Dosage and Frequency <small>Example: 1 tab 1x/day</small>	Medication Times For Parent/guardian to fill out Place an X in all that apply.	FOR NURSE ONLY TO FILL OUT							
			<ul style="list-style-type: none"> • Initial boxes when a med is given. • Place a circle in the box when a scheduled med is not taken. • Initial in med time when a PRN is given. 							
		As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	Su
		8:30 AM (or)								
		1:00 PM (or)								
		6:30 PM (or)								
		9:00 PM (or)								
		As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	Su
		8:30 AM (or)								
		1:00 PM (or)								
		6:30 PM (or)								
		9:00 PM (or)								
		As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	Su
		8:30 AM (or)								
		1:00 PM (or)								
		6:30 PM (or)								
		9:00 PM (or)								
		As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	Su
		8:30 AM (or)								
		1:00 PM (or)								
		6:30 PM (or)								
		9:00 PM (or)								

Parental signature indicating pick up of above medications at week's end: _____