

<p>Name: _____, _____ <div style="display: flex; justify-content: space-around; width: 100%;"> LAST FIRST </div> </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	<p>Camp Use Only</p> <p><input type="checkbox"/> Check Labels</p> <p><input type="checkbox"/> Reviewed Schedule</p> <p><input type="checkbox"/> Parental Signature</p> <p><input type="checkbox"/> Counselor List</p> <p><input type="checkbox"/> Envelopes Made</p> <p>Nurse Initials: _____</p> <p>Page ____ of ____</p>
<p>Age at time of camp: _____</p>		

***** All prescription medication must be in original RX container with rancher's name and dosage.*****

*****Supplements and OTC medication must also be in original packaging*****

Medication Name Reason for Medication <small>Example: Zyrtec for allergies</small>	Dosage and Frequency <small>Example: 1 tab 1x/day</small>	Medication Times <small>For Parent/guardian to fill out Place an X in all that apply.</small>		FOR NURSE ONLY TO FILL OUT								
			As Needed (PRN)	Su	M	Tu	W	Th	F	Sa	Su	
			As Needed (PRN)									
			8:30 AM (or)									
			1:00 PM (or)									
			6:30 PM (or)									
			9:00 PM (or)									
			As Needed (PRN)									
			8:30 AM (or)									
			1:00 PM (or)									
			6:30 PM (or)									
			9:00 PM (or)									
			As Needed (PRN)									
			8:30 AM (or)									
			1:00 PM (or)									
			6:30 PM (or)									
			9:00 PM (or)									
			As Needed (PRN)									
			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: