



**CAMP
PONDO**

MEDICATION CHECK IN FORM

Please print this form and send it in a Ziplock back along with your child's medication.

ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGE (or clear photo of original package included).

Student name: _____ Grade: _____

Church/Group attending camp with: _____

1. Medication Name: _____

Dosage/Amount: _____

Special instructions for health tech/notes: _____

Take at (circle one): Breakfast Lunch Dinner Bedtime

2. Medication Name: _____

Dosage/Amount: _____

Special instructions for health tech/notes: _____

Take at (circle one): Breakfast Lunch Dinner Bedtime

3. Medication Name: _____

Dosage/Amount: _____

Special instructions for health tech/notes: _____

Take at (circle one): Breakfast Lunch Dinner Bedtime

4. Medication Name: _____

Dosage/Amount: _____

Special instructions for health tech/notes: _____

Take at (circle one): Breakfast Lunch Dinner Bedtime