

Camp Merz Prescription Medication Form

Scout: _____

Troop: _____ Site: _____

Camp Use Only

Medication:
Dosage Instructions:
Route:
Schedule:
Prescribing Physician:

Time	Mon	Tue	Wed	Thu	Fri

Medication:
Dosage Instructions:
Route:
Schedule:
Prescribing Physician:

Time	Mon	Tue	Wed	Thu	Fri

Medication:
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Physician Signature _____ Date _____ Page ___ of ___

Parent Signature _____ Date _____