

## Round Lake Christian Camp

### Camper Routine & PRN (as needed) Medications from Home

Camper Name: \_\_\_\_\_ Dorm: \_\_\_\_\_ Wristband ID# \_\_\_\_\_

Camp Session: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_ License# \_\_\_\_\_

Nurse's Printed Name: \_\_\_\_\_

Medication & Parent Instruction	Sunday Date _/_/___ Times given	Monday Date _/_/___ Times given	Tuesday Date _/_/___ Times given	Wednesday Date _/_/___ Times given	Thursday Date _/_/___ Times given	Friday Date _/_/___ Times given

Special Instruction/Allergies:

---



---



---



---