

Camp Sequoyah
Prescription Medication Information Form
Frank Spain Scout Reservation

Unit#: _____ Council: _____ Date Attending Camp: _____

Camper's Name: _____

Name of Parent or Guardian: _____

Medication: _____

Dosage (number times per day and mg or pill/half pill) _____

Special storage instructions: _____

Medication: _____

Dosage (number times per day and mg or pill/half pill) _____

Special storage instructions: _____

Medication: _____

Dosage (number times per day and mg or pill/half pill) _____

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