



# As Needed Medication

(OTC and prescription medication taken when needed but not scheduled.)

Mountain Camp Woodside  
Camper Medication Log

<b>Session:</b>		<b>Date:</b>	
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<b>Camper's Name:</b>		<b>Date of Birth:</b>	
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<b>EpiPen Dose</b>		<b>Allergic to?</b>		<b>Reaction Time</b>	
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<b>Medication:</b>		<b>Used For:</b>	
<b>Route:</b>		<b>Dosage:</b>	
<b>Special Instructions:</b>			

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<b>Route:</b>		<b>Dosage:</b>	
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<b>Route:</b>		<b>Dosage:</b>	
<b>Special Instructions:</b>			



**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

