



# CAMP PARDAS CHANAH

## SENDING MEDICATIONS TO CAMP FORM

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CAMPER LAST NAME SESSION

CAMPER FIRST NAME

MEDICATION NAME

DOSAGE

TO BE TAKEN ALL SUMMER  
ONLY WHEN NEEDED  
FOR SPECIFIC DATE SPAN

TIME OF ADMINISTRATION BREAKFAST  
LUNCH  
DINNER  
EVENING  
OTHER

NOTES OR INSTRUCTIONS

SIGNATURE

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PRINT THIS FORM AND SEND ALONG WITH YOUR DAUGHTERS MEDICATION.  
 IN ADDITION PLEASE EMAIL THIS FORM TO [admin@camppc.com](mailto:admin@camppc.com)