

Medication form for Camp

Name & Year group		
Emergency contact person		
Mobile number of Emergency contact		

Wednesday	
Lunch	Dinner
Before Lunch	Before Lunch
After lunch	After Lunch

Thursday		
Morning	Lunch	Dinner
Before breakfast	Before Lunch	Before Lunch
After breakfast	After lunch	After Lunch

Friday		
Morning	Lunch	Travel medication before getting on to the bus
Before breakfast	Before Lunch	
After breakfast	After lunch	

Please fill out the name of the medication and the dosage required under the time you want the medication administered.

Example: Before breakfast – Amoxicillin 5ml

After dinner – Melatonin 5ml