

Participant's N	lame:		·	Camp Group:		
Participant's Do	ate of Birth:			To be completed by RBZG Staff Camp week:		
			T	LL DD70.0	1	
			To be completed by RBZG Staff			
Medication Name	Dosage Amount	Time to be Given	Time Administered	Date	Administered by (signature)	
Please indicate	e special instru	uctions for takin	g medication (i.	e. with meals,	with water, etc.):	
Please check o			e sent home ea e sent home at			
If medication is	for an allergi	c reaction, ple	ase note the alle	ergy here:		
Participants wit medicine shoul	th a complete Id be in the or ame, dosage	ed, signed and iginal containe and time of ac	dated "Medica [.] er and given to tl	tion Administr ne RBZG Prog	d supplements to ation Form ". All ram staff at check in t be completed for	
Guardian Signature				Date		