



Below are the prescription medications reviewed by the Health Care Consultant to be administered at \_\_\_\_\_ by individuals authorized to administer medications at camp.  
(Camp Name)

<b>Name of Medication(s)</b>	
1.	
2.	
3.	
4.	
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17.	
18.	
19.	
20.	

**\*Please use multiple copies of this page if additional medications are administered at camp.**