

CAMPER NAME: _____ PARENT NAME: _____

PARENT CELL PHONE NUMBER: _____

PLEASE INCLUDE THIS COMPLETED FORM IN THE BAG WITH YOUR CAMPER'S MEDICATIONS

MEDICATION & DOSE	WHEN	SPECIAL INSTRUCTIONS
	<input type="radio"/> BREAKFAST <input type="radio"/> LUNCH <input type="radio"/> DINNER <input type="radio"/> BEDTIME <input type="radio"/> AS NEEDED <input type="radio"/> OTHER:	
	<input type="radio"/> BREAKFAST <input type="radio"/> LUNCH <input type="radio"/> DINNER <input type="radio"/> BEDTIME <input type="radio"/> AS NEEDED <input type="radio"/> OTHER:	
	<input type="radio"/> BREAKFAST <input type="radio"/> LUNCH <input type="radio"/> DINNER <input type="radio"/> BEDTIME <input type="radio"/> AS NEEDED <input type="radio"/> OTHER:	
	<input type="radio"/> BREAKFAST <input type="radio"/> LUNCH <input type="radio"/> DINNER <input type="radio"/> BEDTIME <input type="radio"/> AS NEEDED <input type="radio"/> OTHER:	
	<input type="radio"/> BREAKFAST <input type="radio"/> LUNCH <input type="radio"/> DINNER <input type="radio"/> BEDTIME <input type="radio"/> AS NEEDED <input type="radio"/> OTHER: _____	

**Please remember to include all prescribed and over the counter medications as well as vitamins and supplements.
HABONIM DROR CAMP MOSHAVA. 615 CHERRY HILL RD, STREET, MD 21154. 301.348.7339.**