

Raven Knob Medical Center
266 Raven Knob Road
Mt. Airy, NC 27030
(336) 352-4307
(336) 352-3445 (fax)

Prescription Medication Information Form

Unit #: _____ Council: _____ Dates Attending Camp: _____

Camper's Name: _____

Name of Parent or Guardian: _____ Phone: (____) _____

Doctor's Name: _____ Phone: (____) _____

Medication / Strength: _____
Reason for medication: _____
When was medication started? _____ Temporary: _____ Permanent: _____
Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____
Special Storage Instructions: _____

Medication / Strength: _____
Reason for medication: _____
When was medication started? _____ Temporary: _____ Permanent: _____
Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____
Special Storage Instructions: _____

Medication / Strength: _____
Reason for medication: _____
When was medication started? _____ Temporary: _____ Permanent: _____
Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.): _____
Special Storage Instructions: _____