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MEDICATIONS CHANGE FORM



Please fill out the following form if medication changes occurred AFTER you sent the yellow medical form (5a) to camp. To be sure that the medical information you provide us is accurate and up-to-date, this form should be completed if prescriptions, over-the-counter drugs, or vitamin usage changes. Please mail or fax the form to:

Camp Nebagamon
P.O. Box 429
Lake Nebagamon, WI 54849

Fax: (715) 374-3310

STOP! Do not fill out unless the information on the yellow medical form (5a) has changed.

Camper's name _____

Medication(s) changed as follows:

• Med #1 _____ Dosage _____

Generic substitute is acceptable Specific times taken each day _____

Reason for taking _____

• Med #2 _____ Dosage _____

Generic substitute is acceptable Specific times taken each day _____

Reason for taking _____

• Med #3 _____ Dosage _____

Generic substitute is acceptable Specific times taken each day _____

Reason for taking _____

Medication(s) to be deleted from original medical form:

• Med #1 _____

• Med #2 _____

• Med #3 _____

Further medical information (attach extra sheet if needed):