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Med Admin Form

Camper First Name: Huddle:			Campei	Camper Last Name: Quad:		
			Quad:			
Medic	cation Name:		Dose:	Fre	equency:	
	Monday	Tuesday	Wednesday	Thursday	Friday	
Medic	ration Name:		Dose:	Fre	equency:	
	Monday	Tuesday	Wednesday	Thursday		
Medic	ation Name:		Dose:	Fre	equency:	
	Monday	Tuesday	Wednesday	Thursday	Friday	
F			_ Dose:_	Fre	aguanov:	
Medic	ation Name:		Wednesday Thursday		Frequency:	

Medication Returned (initials): _____