



Personal Medication List

Name: _____

Sheet #: _____

Pharmacy phone #: _____

Doctor's phone #: _____

Date: _____

Instructions:

- Write the camper/volunteer's name, and phone #'s at the top of this sheet.
- Write the name of each medication you take, the reason, the dose, etc. Use additional Sheets if necessary.
- In the over-the-counter section, include vitamins, nutritional supplements, pain relievers, antacids, laxatives and/or herbal remedies.
- In the last column, write special instructions such as "with food," etc.

Prescription Medication	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions





Personal Medication List

Name: _____

Date: _____

Sheet #: _____

Over-the-Counter Medication	Purpose or Reason Taken	Dose	Time(s) of Day	Form (Liquid, capsule, tablet)	Special Instructions

