

**Health Care Provider Instructions for Giving Medication While at Nyoda**

Name of Camper \_\_\_\_\_ Birth date \_\_\_\_\_ SS \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Route \_\_\_\_\_ Time \_\_\_\_\_ Frequency \_\_\_\_\_

For Symtoms: \_\_\_\_\_

Physician/Prescriber Name/Address:

\_\_\_\_\_

\_\_\_\_\_

Phone

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Signature

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Route \_\_\_\_\_ Time \_\_\_\_\_ Frequency \_\_\_\_\_

For Symtoms: \_\_\_\_\_

Physician/Prescriber Name/Address:

\_\_\_\_\_

\_\_\_\_\_

Phone

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Signature

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_

Route \_\_\_\_\_ Time \_\_\_\_\_ Frequency \_\_\_\_\_

For Symtoms: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Phone

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Signature