

ADDITIONAL COPIES OF THIS MED SHEET CAN BE FOUND AT OUR WEBSITE:  
[www.parkviewservices.org](http://www.parkviewservices.org)

**2017 CAMP PARKVIEW MEDICATION RECORD**

**TYPE OR PRINT LEGIBLY and make sure med spellings are correct  
 (Illegible forms may result in camper being able to come to camp)**

Please Mail Form, Current Picture of Camper and Camper Fees, Postdated by June 1st to:  
 Camp Parkveiw  
 17544 Midvale Ave S  
 Ste LL  
 Shoreline WA 98133

Name of Camper		Number of Pages Submitted	
Person Filling Out Form		Relationship to Camper	
Phone		Email	
24-Hour Emergency Contact		Phone	
Physician		Phone	
Known Drug Allergies		Other Med Alerts	

<p>Please be very clear about dosage amounts, times of administration and add comments as needed. Please enter meds in the order they are to be given during the day, starting with AM meds and ending the form with HS meds, as appropriate. Please see sample form.</p>	<p><b>KEY</b>          AM: Meds administered before Breakfast          Lunch: Meds Administered at Lunch          Dinner: Meds Administered at Dinner Time          HS: Meds Administered at Bed Time          PRN: Meds Administered as Needed          Route: PO - Administered orally</p>
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MEDICATION	TIME OF DOSAGE	MG ETC. PER TAB/CAPSULE	#/TYPE OF TAB/CAPSULE	TOTAL DOSAGE	ROUTE OF DELIVERY

