**LAST NAME** _____

# KELLOGGSVILLE MARCHING BAND
# MEDICATION LOG

**Student's Name** _____

List your child's medication. Please list the name of the medication and time(s) that your child takes the medication
Listing medication ahead of time will shorten your wait time during check in.

**All prescription medications brought to camp must be in their original container, bearing the pharmacy label, showing the prescription number, date filled, physician's name, name of medication, directions for use and patient name.** Any over-the-counter medication should be in it's original container clearly marked with your child's name

| Medication | Breakfast | Lunch | Dinner | Night | Other |
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