

Camp Medication Form

If your camper needs to bring any prescribed medication to camp, **please complete this form within 24 hours prior** to your camper's arrival at camp. **All medications must be in the original containers.** Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the First Aid Station during camp check-in. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

No prescribed medications can be administered unless listed on this form with Parent/Legal Guardian signature.

Medical personnel in the First Aid Station must administer all camper medications.

Camper _____ Dorm _____ *(to be filled in at camp)*

Church/City _____ Sponsors Name _____

Parent Day Phone _____ Parent Evening Phone _____

NAME OF MEDICATION	DOSAGE	TIME TO BE GIVEN	INITIALS, DATE AND TIME GIVEN							
			(NURSE USE ONLY)							

Comments/Instructions: _____

Medications will be given as directed on prescription containers. Explain any differences in instructions.

Parent/Guardian:

I, _____, Parent/Legal Guardian of (Camper's Name) authorize the camp medical personnel to administer the medications listed above.

I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature _____

Date: _____