

2018 CAMP MEDICATION FORM

If your camper needs to bring any medication to camp, please complete this form 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 nurse's station during camp check-in. Inhalers are the only medication that can be kept with the camper.

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

Camp Medical Personnel must administer all camper medications.

Camper Name: _____ Dorm #: _____ (to be filled out at camp)

Church/City: _____

Parent Day Phone: _____ Parent Evening Phone: _____

NAME OF MEDICATION	DOSAGE	TIME GIVEN	SIGNATURE 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 Name: _____

Parent/Guardian Signature: _____ Date: _____