



MEDICATION PERMISSION FORM

INDIVIDUAL CAMPERS ONLY: Please turn this form in to Oakridge staff at check-in.

I, _____, the parent/legal guardian of _____, give my
NAME OF PARENT/GUARDIAN NAME OF CAMPER
permission for the personnel at Oakridge Christian Camp to dispense the following:

- {1} Tylenol or Advil (or its generic equivalent) to my child(ren) for headache, fever, or minor pain;
- {2} Benadryl or Claritin (or its generic equivalent) to my child(ren) for allergic reactions;
- {3} Tums or Kaopectate (or its generic equivalent) for upset stomach;
- {4} Hydrocortisone Cream or other antibiotic ointment for minor injuries;
- {5} Prescription or other over-the-counter medication designated and produced by the parent/guardian or family physician.

PARENT/GUARDIAN SIGNATURE

If you're using our interactive PDF, Oakridge Ministries will accept your typed name as a valid signature.

DATE

PROVIDED MEDICATION INFORMATION

Please list any medical history (medication allergies, special conditions, etc.) that Oakridge Staff should be aware of:

Name of medications: _____

Condition taking medications for: _____

Reactions to watch for: _____

Dosage and times: _____

ALL MEDICATIONS MUST BE TURNED IN TO OAKRIDGE STAFF (FOR INDIVIDUALS) OR GROUP LEADER (FOR GROUPS) AT CHECK-IN!

ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS!