2019 Youth Camp Medical Form

Please note that all students attending youth camp needs to complete this form and bring with them to camp, regardless if they have medication or not. If your student needs to bring any medication to camp, **please** complete the middle section of this form within 24 hours prior to your student's arrival at camp. All medications must be in the original containers. Place all medication containers in a plastic bag with this form completed, detailing instructions for the use of each medication your child is to receive at camp. Inhalers are the only meds that can be kept with the camper (please send two in case one is lost).

No medication can be administered unless listed on this form with Parent/Legal Guardian signature. Medical personnel in the infirmary must administer all camper medications.

| Student | | Cabin # | | | | |
|---|--------------------------|------------------------|--------------|----------------------|---------|--|
| Church/City | | | | | | |
| Parent Day Phone | | Parent Evening Phone | | | | |
| NAME OF MEDICAT | TION | DOSAGE | TIM | E TO BE GIVEN | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Comments/Instructions | | | | | | |
| | | | | | | |
| Medications will be give as directe | ed on prescription conta | ainers. Explain any | difference i | n instructions. | | |
| Medical Information: Medical Problem of Applicant | | | | | | |
| Allergies: Medications | Food | Bee St | tings | _ Other | | |
| Insurance Carrier | In | Insurance Phone Number | | | | |
| Insurance Policy or Group Numbe | r | | | | | |
| Parent/Guardian: | | | | | | |
| I, Parent/Lega personnel to administer the medic | | | | | medical | |
| I authorize the camp executive sta contact. I understand that every el | | | | signee or I cannot b | е | |
| Parent/Guardian Signature | Date | | | | | |