

2019 Camp Medication Form

If your camper needs to bring any medication to camp, **please complete this form within 24 hours prior** to your camper's arrival at camp. **All medications must be 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 table 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 medication can be administered unless listed on this form with Parent/Legal Guardian signature.

Medical personnel in the infirmary must administer all camper medications.

Camper _____

Cabin # _____ *(to be filled in at camp)*

Church/City _____

Parent Day Phone _____

Parent Evening Phone _____

NAME OF MEDICATION	DOSAGE	TIME TO BE 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 emergency contact or I cannot be reached. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature _____

Date _____
(24 hours prior to camp)