

# 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 \_\_\_\_\_

Any and all known allergies: \_\_\_\_\_

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 (Campers 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: \_\_\_\_\_