2027 Camp Medication Form

If your camper needs to bring any medication to camp, **please complete this form <u>within 24 hours prior</u>** 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 and EpiPens are the only meds that can be kept with the camper/leader (please send two in case one is lost).

***Please do NOT send over-the-counter medication, as they Nurses Station will keep these on hand.**

<u>Medical personnel in the Nurses Station will administer all camper medications.</u>

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)					

Medications will be given as directed on prescription containers, unless otherwise instructed.

Comments / 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)