



## Camper Medication Information Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Church: \_\_\_\_\_

Minister/Coordinator: \_\_\_\_\_  Male  Female

*Below Is To be completed by staff:*

Group #: \_\_\_\_\_ Counselor: \_\_\_\_\_

### **Daily Dose(s) Medication:**

List any medications sent with your child that need to be administered on a daily basis. Please write or attach detailed dosing instructions. We will not administer medicine that is not in it's original prescription/OTC container.

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### **Occasional/If Needed Medication**

List any medications sent with your child that need to be administered on a needs only basis. Please write or attach detailed dosing instructions. We will not administer medicine that is not in it's original prescription/OTC container.

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Parent's Name: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Place medication in a one gallon zip lock bag and write the students name on the front of bag. This form can be folded and placed in the bag.