



# HORIZON

WHERE HEAVEN AND EARTH MEET

## Horizon Camper Medication Information Form

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

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

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

*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 its original prescription/OTC container.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 its original prescription/OTC container.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent's Cell Phone: \_\_\_\_\_ Alternative phone number: \_\_\_\_\_

Place medication in a one gallon ziplock bag and write the student's name on the front of bag. This form can be folded and placed in the bag.