

MEDICATION DESCRIPTION FORM

Step 1: List all routine medications that need to be administered while at camp.

Step 2: Sign and place this form inside of a sealable bag.

Step 3: Place enough of listed medications in this bag and send with your camper.

ALL MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH YOUR CHILD'S NAME OR THEIR ORIGINAL OVER THE COUNTER PACKAGING.

The information on this form is correct and complete. I hereby give my permission for Family Camp nurse to administer the medication as directed above.

Parent Signature (required)

Parent Contact Number

OFFICE USE ONLY

Cabin _____

Church Name _____

Camper Name _____

Allergies:

Drug Name	Dose	Please fill out only ONE of the two columns below for each prescription listed.		Special Instructions
		Must be given at:	As needed	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/>	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/>	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/>	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/>	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/>	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime	<input type="checkbox"/>	

Notes:
