



Medication Form

The designated nurse or medical distribution person with group agrees to administer medication prescribed by a licensed healthcare provider. It is the parent/guardian's responsibility to furnish the prescription medication.

Prescription Medications must come in a container labeled with (1) Child's Name, (2) Name of medicine, (3) Time of day to be given, (4) Dosage, (5) Date medicine is to be stopped, (6) Licensed Healthcare Provider's Name, and (7) Pharmacy Name/Phone Number.

Over-The-Counter/ OTC medications are stocked and used to manage common illness or injuries. These medications are dispensed by your group leader only and at their discretion. **Vitamin Supplements** Must be turned in to group leader and administered as indicated below.

Camper Name: _____

Church Name: _____

Dates Attending Camp: _____

The parent/guardian of _____ asks that the groups designated leader give
(Child's Name)

medication/s listed below to my child, according to the Healthcare Provider's prescription instructions. By signing this document, I give permission for my child's healthcare provider to share information about the administration of my child's medication if needed while at camp with group leader designated to administer medication.

Parent/Legal Guardian's Printed Name Parent/Legal Guardian Signature Date

Work Phone Home/Cell Phone

Instructions for Administering Prescription, OTC Medication & Vitamin Supplements

Child's Name: _____ Birthdate: _____

#1 Medication: _____ Dose: _____ Route: _____

To be given at the following times: _____

Special Instructions: _____

Purpose of medication: _____

#2 Medication: _____ Dose: _____ Route: _____

To be given at the following times: _____

Special Instructions: _____

Purpose of medication: _____

Side Effects to Report: _____

OTC Medications taken regularly and ok to administer while at camp:

Vitamin Supplements taken regularly and ok to administer while at camp:

Please attach additional instructions or forms if necessary.