

Camper Medication Form

STEP 1: List all medication that needs to be administered while at camp. Including over-the-counter medication.

STEP 2: Sign and place this form (with the Medication Instructions side facing out) on the inside of a zip-loc bag with all of the listed medications.

STEP 3: Send this form with camper and have it ready to give to the nurse at check-in.
(HAVE IT OUT OF CAMPER'S SUITCASE)

Important:

*If you are bringing prescription medication, vitamins, or routine over-the-counter medications, they must be in the original pharmacy labeled container or the original manufacturer's container.

Send only the amount needed while at camp.

*Prescription medication must have the camper's name on the prescription bottle.

*Any sample prescription medication must be accompanied by a signed physician prescription.

I declare that the information listed on this form is correct and complete. I hereby give permission for the Camp Victory staff to administer the medication as directed on the adjacent page.

Parent's signature: _____ Date: _____

Fold here ↓

↓ Fold here

PLEASE PRINT CHURCH NAME: _____ CIRCLE ONE: M F

CAMPER'S LAST NAME: _____ FIRST NAME: _____

ALLERGIES: _____

DRUG NAME	DOSAGE	TIME OF DAY GIVEN	ONLY @ CAMPER REQUEST	SPECIAL INSTRUCTIONS

Place this side face up in a zip-loc bag with medication

LIST ANY ADDITIONAL INSTRUCTIONS ON BACK OF FORM

PARENT OR GUARDIAN CONTACT # () _____