This form must be submitted by all campers and MITs bringing medications to camp.
DO NOT MAIL THIS FORM TO THE DISTRICT OFFICE.

Camp # Attending:

Kids Camp Medication Form

Camper or MIT's Name	Cabin # (fill in at camp)
Church City	Church Name
Parent Day Phone	Parent Evening Phone

Please complete this form within **24 hours prior to camper or MIT's arrival at camp.** **All medications must be in their ORIGINAL containers.** Place all medication containers in a zip-lock bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. Inhalers are the only medications that can be kept with the camper or MIT. (Please send two in case one is lost; one will be checked in with the nurse.)
NO PRESCRIPTION MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT OR LEGAL GUARDIAN SIGNATURE.
All camper medications must be administered by medical attending personnel in the infirmary.

Name of Medication	Dosage	Time to be given	Nurse's Initial and Time Given (camp use only)				

Comments/Instructions:_____
_____

Medications will be given as directed on prescription containers. Explain any differences in instructions:

Parent/Guardian:

I, _____, Parent or Legal Guardian of _____
(Parent's Name) (Camper or MIT's Name)
authorize the camp medical personnel to administer the medications listed above.
I authorize the Camp Executive Staff to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me before such action.
Copies: A photocopy or electronic reproduction of this signed authorization may be considered valid.
Signature_____Date_____
(Date must be 24 hours prior to camp)

Camp Use Only		
Name of Medical Personnel administering medications	Degree/License	Initial