Camper Medications

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

Step 2: Fill out all blanks and place this label on the outside of a large Ziploc bag.

Step 3: Place enough of listed medications in the Ziploc bag and give to church leader.

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

[Exceptions: Asthma Inhalers (prescribed by doctor) & antidote for allergic reactions (epi-pen)]

The information listed on this form is correct and complete. I hereby give permission for the camp nurse to administer the medication as directed.

_____
Parent Signature (Required)
Parent contact # _____

Doctor name & # _____
_____

Camper's Name: _____ M ☐ F ☐

Age: _____ Church: _____

Guardian's Name: _____

Allergies: _____

Drug Name	Dose	Dosage Instructions To be given at:	Camp Dosing Log (to be filled out by Camp Health Officer during week of camp)				
			MON	TUES	WED	THUR	FRI
		☐ Breakfast ☐ Dinner ☐ Lunch ☐ Bedtime ☐ As needed ☐ At Camper's Request					
		☐ Breakfast ☐ Dinner ☐ Lunch ☐ Bedtime ☐ As needed ☐ At Camper's Request					
		☐ Breakfast ☐ Dinner ☐ Lunch ☐ Bedtime ☐ As needed ☐ At Camper's Request					
		☐ Breakfast ☐ Dinner ☐ Lunch ☐ Bedtime ☐ As needed ☐ At Camper's Request					

Notes:

SABINE CREEK RANCH   DATE OF CAMP: _____