

Kids Camp 2007 Medication Form

Camper/Monitor's Name _____

Church/City _____ Cabin# _____ (To filled in at camp)

Please make sure this form is current at the time of camp.

- All medications must be in their original containers. All medications must be administered by medical attending personnel in the infirmary.
- Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication. Your church group coordinator should assist you with this process. A medical attendant will receive medications during camp check-in.

NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH SIGNATURE.

*Inhalers are the only medication permitted on a person. Please bring 2 inhalers to camp. One must be checked in at the nurse's station.

Name of Medication	Dosage	Time(s) to be given	Time Given & Nurse's Initials (Camp Use Only)				
			/	/	/	/	/
			/	/	/	/	/
			/	/	/	/	/
			/	/	/	/	/

Comments/Instructions _____
 Medications will be given as directed on prescription containers. Explain any differences in instructions. _____

May be given: Tylenol (acetaminophen)? Yes No Benadryl (diphenhydramine)? Yes No
 Motrin (ibuprofen)? Yes No.

My Camper may be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes No List Exceptions. _____

Parent/Guardian Authorization:

I, _____, Parent or Legal Guardian of _____ (Camper's Name)
 authorize the camp medical personnel to administer the medications listed above.

Parent/Guardian: 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.

Parent/Guardian Signature _____ Date _____

To help assure that your camper is best attended for health/safety and to comply with Texas State Policy, UPDATE THE MEDICAL HISTORY AND OTHER INFORMATION ON THE BACK OF THIS FORM to be current at the start of camp.