

## Kid's Camp Medication Form

**This form MUST be submitted during REGISTRATION for ALL campers bringing prescription and/or over-the-counter medications. Please complete front and back of this form and turn in with medicine(s) to FIRST-AID (Nurse) Station. Concerning food allergies: a menu is available upon request. Camp will not prepare alternate meals.**

**\*NO EXCEPTIONS\***

<b>Legal FIRST NAME:</b>	<b>Legal LAST NAME:</b>
<b>Church Name:</b>	<b>Church City:</b>
<b>Parent(s) or Legal Guardian (with whom the child resides)</b>	

**PLEASE LIST ANY ALLERGIES:**

**Parent(s) or Legal Guardian's Emergency Contact Information:**

<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	<b>Other:</b>
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Health Problems or Limitations:

May your child be given the following:	<u>Yes</u>	<u>No</u>	<u>Exceptions</u>
Tylenol/Ibuprofen/Motrin			
Bendadryl/Antihistamines			
Decongestants/Cough Medicines			
Pepto Bismo/Tums			
May your child 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?			

**Allergies: Please List**

Food Allergies*	Allergic to medication/drugs?	Yes/No
Insect Bite Allergies	If yes, please list	
Plant Allergies	Are immunizations up to date?	Yes/No

\*A menu is available upon request. Camp does not provide alternate or substitute meals.

**ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS**

- \*All camper medications and vitamins must be administered by Camp First Aid Personnel in the First Aid station.
- \*Please complete this form within 24 hours of Campers' arrival at Camp.
- \* Place ALL medications and vitamins in a plastic zip-lock bag with this completed form detailing instructions for the use of each medication and vitamin your child is to receive at the camp (MUST BE IN THEIR ORIGINAL LABELED CONTAINER).
- \*The First Aid Personnel will collect all medications and vitamins during registration upon immediately arrival to camp. (ALL MEDICATIONS MUST BE CHECKED-IN)

**NO Medications or Vitamins will be administered unless they are in their original containers and listed on this signed acknowledgment & consent form: PLEASE PRINT**

<b>Name of Medicine</b>			<b>Dosage</b>		<b>How Taken</b>	
<b>Specific Time(s) to be given (Check ALL that apply)</b>						
<b>A.M.</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Bedtime</b>	<b>Other/PRN</b>	<b>Notes:</b>

PLEASE CONTINUE ON THE REVERSE SIDE → (Turn Over) → →

**NO Medications or Vitamins will be administered unless they are in their original containers and listed on this signed acknowledgment & consent form: PLEASE PRINT**

Name of Medicine				Dosage		How Taken
<b>Specific Time(s) to be given (Check ALL that apply)</b>						
A.M.	Breakfast	Lunch	Dinner	Bedtime	Other/PRN	Notes:

<b>NO Medications or Vitamins will be administered unless they are in their original containers and listed on this signed acknowledgment &amp; consent form: PLEASE PRINT</b>						
Name of Medicine				Dosage		How Taken
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A.M.	Breakfast	Lunch	Dinner	Bedtime	Other/PRN	Notes:

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Name of Medicine				Dosage		How Taken
<b>Specific Time(s) to be given (Check ALL that apply)</b>						
A.M.	Breakfast	Lunch	Dinner	Bedtime	Other/PRN	Notes:

<b>Parent or Legal Guardian Acknowledgment &amp; Consent Authorization:</b>						
<p>I, _____, the parent or legal guardian of _____ (Camper's Legal Name) authorize the Kids Camp First Aid Personnel to administer the medication(s) listed above. I hereby authorize Kids Camp First Aid Personnel to obtain medical care, if necessary. Parent's or Legal Guardian's Signature authorizes emergency treatment in the event of an illness/injury when Parent(s) or Legal Guardian(s) are not immediately available. I understand, if necessary, my child (camper) will be taken to a nearby hospital and will be attended to by the physician on call. <u>I further understand that I will be responsible for any medical expenses incurred.</u> I also hereby authorize this document to be released to first responders and emergency personnel. I understand that any camper with a fever, rash, pink eye, head lice or other signs of illness will be sent home. I further understand that I am responsible for providing transportation for my child listed herein in the event of an illness or injury.</p>						
<b>Print Full Name of Parent(S)/Legal Guardian(s)</b>						
Signature					Date	