

# Medication Information Sheet

**Camper's Name (first & last):** \_\_\_\_\_

**Cabin** (added by camp staff)

**Church Name & City:** \_\_\_\_\_

**This form must be signed, filled out, and included in a clear Ziploc bag with your child's medications (to include vitamins). All medications must be in their original bottles. Medication will be stored with the camp nurse and administered according to the instructions on this sheet.**

**Allergies:**

**Other Notes / Special Instructions:**

**Medication #1 Name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**Administration Time:** Place an **X** on each appropriate line

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Bedtime: \_\_\_\_\_ As Needed: \_\_\_\_\_

**Medication #2 Name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**Administration Time:** Place an **X** on each appropriate line

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Bedtime: \_\_\_\_\_ As Needed: \_\_\_\_\_

**Medication #3 Name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**Administration Time:** Place an **X** on each appropriate line

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Bedtime: \_\_\_\_\_ As Needed: \_\_\_\_\_

**Medication #4 Name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**Administration Time:** Place an **X** on each appropriate line

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Bedtime: \_\_\_\_\_ As Needed: \_\_\_\_\_

**Medication #5 Name:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**Administration Time:** Place an **X** on each appropriate line

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Bedtime: \_\_\_\_\_ As Needed: \_\_\_\_\_

**The nurse has my permission to give the following over-the-counter medication, if needed:**

- Acetaminophen (Tylenol) (dose \_\_\_\_\_ mg )      Yes \_\_\_\_\_      No \_\_\_\_\_
- Ibuprofen (Advil) (dose \_\_\_\_\_ mg)      Yes \_\_\_\_\_      No \_\_\_\_\_
- Diphenhydramine (Benedryl) (dose \_\_\_\_\_ mg)      Yes \_\_\_\_\_      No \_\_\_\_\_
- Other: \_\_\_\_\_



**Parent / Legal Guardian Signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_