

## Medication Information Sheet

**Camper's Name:** \_\_\_\_\_

**Cabin** *(added by camp staff)*

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

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

Medication 1: \_\_\_\_\_

Name:

Administration Time:

Special Instructions:

Medication 2: \_\_\_\_\_

Name:

Administration Time:

Special Instructions:

Medication 3: \_\_\_\_\_

Name:

Administration Time:

Special Instructions:

Medication 4: \_\_\_\_\_

Name:

Administration Time:

Special Instructions:

Medication 5: \_\_\_\_\_

Name:

Administration Time:

Special Instructions: