

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 (Benadryl) (dose _____ mg) Yes _____ No _____
- Other: _____



Parent / Legal Guardian Signature: _____ **Phone #:** _____