

2017 CAMPER MEDICATION FORM

KIDS CAMP # _____
REQUIRED

Any medications (prescription and /or over-the counter, vitamins, herbs, and enzymes) MUST have a doctor's order and be brought in the original bottle to the first aid station at check-in to be administered to Participant.

Camper's Name: _____ Camper's DOB: _____
 Doctor's Name: _____ Phone: _____
 Parent's Name: _____ Phone: _____

I hereby authorize the Camp Director or Camp Nurse(s) to administer the medication(s) listed below in the dosage and at times of day as indicated to the above named child while he/she is at camp.

<small>Parent/Guardian's Printed Name</small>	<small>Parent/Guardian's Signature</small>	<small>Date</small>
<small>Parent/Guardian's Printed Name</small>	<small>Parent/Guardian's Signature</small>	<small>Date</small>

Name of Medication	Dosage	Time To Give	Other Instructions

KIDS CAMP NURSE - MEDICATION LOG BELOW

Date	Name of Medication	Dosage	TIME & INITIALS	TIME & INITIALS	TIME & INITIALS	TIME & INITIALS

MEDICATION TERMINATION - Valid only during dates of Kids Camp the child attends.

Kids Camp complies with the Baby Douglas Law, therefore, this form must accompany the above named child upon arrival at camp in order to receive the above listed medication.