2018 CAMPER MEDICATION FORM

KIDS CAMP #_____

Camper's Name_____Church_____
Parent's Name _____Phone_____
Doctor's Name_____ Phone_____

I give my permission for camp nurses to dispense the following medications to this child during Kids Camp.

_____ _____ _____
(PARENT PRINT NAME) (PARENT SIGN NAME) (DATE)

Name of Medication	Dosage	Time & Frequency	Other Instructions

KIDS CAMP NURSE, RECORD ALL MEDICATIONS GIVEN:

Name of Medication	Dosage	Day & Time	Given by @ time