

2019 CAMPER MEDICATION FORM

KIDS CAMP # _____

DO NOT FILL OUT UNLESS MEDICINES OR OTHERS AS STATED ARE TO BE GIVEN WHILE AT 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. If you give Volunteer Personnel, accompanying your child to camp, permission to dispense vitamins, herbs or enzymes, please sign here _____.
All other items will be administered by camp nurse.

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.

Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date

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

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.