



2017 PFYOUTH CAMPER MEDICATION FORM

(REQUIRED IF BRINGING ANY MEDICATION—PRESCRIPTION OR NON-PRESCRIPTION)

(1 PER STUDENT—PARENT/GUARDIAN SIGNATURE REQUIRED BELOW)

Authorization for: _____
Student Name (Last, First) Church City / Church Name

Camp Attending: Youth Camp 1 Youth Camp 2 Youth Camp 3 Youth Camp 4 Kids Camp 1 Kids Camp 2

If your camper needs to bring any medication to camp, please complete this information within 24 hours prior to your camper's arrival. All medications must be in the original containers. Place all medication containers in a plastic re-sealable zipper closure bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the first aid table during camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in case one is lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the first aid director.

NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATURE.
Medical personnel in the sick bay must administer all camper medications.

Name of Medication	Dosage	Time to be given	Signature & Time Given (First Aid Director Use Only)			

Medications will be given as directed on prescription containers. Explain any differences in instructions: _____

I authorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

SIGN HERE:

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN NAME (PRINT)

DATE