2019 Northwest Ministry Network Camp Medication Form

If your camper needs to bring any medication to camp, please complete this form <u>NO SOONER THAN 24 HOURS</u> <u>PRIOR TO YOUR CAMPERS ARRIVAL TO CAMP</u>. All medications must be in the original containers. Place all medication containers in a plastic 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 nurse's table during camp check-in. No medication can be administered unless listed on this form with Parent/Legal Guardian signature or the Summer Camp Camper Waiver & Release Form.

Medical personnel will administer all camper medications.

Camper Full Name

Church/City _____

Cabin #___(to be filled in at camp)

Parent Day Phone _____

Parent Evening Phone _____

| NAME OF MEDICATION | DOSAGE | TIME TO BE GIVEN | Signature and Time Given (Nurse Use Only) | | | | |
|--------------------|--------|------------------------|---|--|--|--|--|
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Comments/Instructions:

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

Parent/Guardian:

| I, | ,, Parent/Legal Guardian of | authorize the |
|----|---|---------------|
| С | amp medical personnel to administer the medications listed above. | |

I authorize the Camp Nurse 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.

Parent/Guardian Signature_____

Date: ______(24 hours prior to camp arrival)