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| **Girls Camp Medication Form** | | | | | | | |
| This form MUST be submitted during REGISTRATION for ALL campers bringing medication and/or  over-the-counter medications. Please complete both pages of this form and turn in with medicine(s) to the FIRST AID (nurse) Station located near the store. Expired medications will not be permitted.  CONCERNING FOOD ALLERGIES: a menu is available upon request. Camp will not prepare alternate meals. \*NO EXCEPTIONS\*. A refrigerator and microwave will be available. | | | | | | | |
| Legal FIRST NAME: | | | Legal LAST NAME: | | | | |
| Church Name: | | | Church City: | | | | |
| Parent(s) or Legal Guardian (with whom the child resides) | | | | | | | |
| Please list any allergies: | | | | | | | |
| Parent(s) or Legal Guardian’s Emergency Contact Information | | | | | | | |
| Cell Phone: | Work Phone: | | | | | | Other: |
| Health Problems or Limitations: | | | | | | | |
| May your child be given the following: | | Yes | | | No | Exceptions | |
| Tylenol/Ibuprofen/Motrin | |  | | |  |  | |
| Benadryl/Antihistamines | |  | | |  |  | |
| Decongestants/Cough Medicine | |  | | |  |  | |
| May your child be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for stomach discomfort, burns, insect bites, rash or scrapes? | |  | | |  |  | |
| **Allergies: Please List** | | | | | | | |
| Food Allergies\* | | | | Allergic to medication/drugs? Yes / No | | | |
| Insect Bite Allergies | | | | If yes, please list | | | |
| Plant Allergies | | | | Are immunizations up to date? Yes / No | | | |
| \*A menu is available upon request. Camp does not provide substitute or alternate meals. | | | | | | | |
| ALL MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS  Prescriptions must be included on the medication. Epi Pens, inhalers, creams, etc. must have  a current prescription included. | | | | | | | |
| \*All camper medication and vitamins must be administered by the camp first aid personnel in the first aid area.  \*Place ALL medication and vitamins in a plastic zip-lock bag with this completed form detailing instructions for the use of each medication and vitamin that your child is to receive at camp (MUST BE IN THEIR ORIGINAL LABELED CONTAINER) \*First Aid personnel will collect all medications and vitamins during registration upon arrival to camp. ALL MEDICATIONS MUST BE CHECKED IN | | | | | | | |
| No medications or vitamins will be administered unless they are in their original containers and listed on this signed acknowledgement and consent form. Expired medication will not be permitted. PLEASE PRINT. | | | | | | | |

PLEASE CONTINUE ON PAGE 2

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| ALL MEDICATIONS MUST BE IN THEIR ORIGIANL CONTAINERS Prescriptions must be included on the medication. Epi Pens, inhalers, creams, etc. must have  a current prescription included. |

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| Name of Medicine | | | | Dosage | | | How Taken | |
| Specific time(s) to be given (Check ALL that apply) | | | | | | | | |
| A.M. | Breakfast | Lunch | Dinner | | Bedtime | Other/PRN | | Notes: |

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| Name of Medicine | | | | Dosage | | | How Taken | |
| Specific time(s) to be given (Check ALL that apply) | | | | | | | | |
| A.M. | Breakfast | Lunch | Dinner | | Bedtime | Other/PRN | | Notes: |

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| Name of Medicine | | | | Dosage | | | How Taken | |
| Specific time(s) to be given (Check ALL that apply) | | | | | | | | |
| A.M. | Breakfast | Lunch | Dinner | | Bedtime | Other/PRN | | Notes: |

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| **Parent or Legal Guardian Acknowledgement and Consent Authorization:** | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Camper’s legal name) authorize the Girls Camp First Aid Personnel to administer the medication(s) listed above. I hereby authorize Girls Camp First Aid Personnel to obtain medical care, if necessary. Parent's or Legal Guardian's Signature authorizes emergency treatment in the event of an illness/injury when Parent(s) or Legal Guardian(s) are not immediately available. I understand, if necessary, my child (camper) will be taken to a nearby hospital and will be attended to by the physician on call. I further understand that I will be responsible for any medical expenses incurred. I also hereby authorize this document to be released to first responders and emergency personnel. I understand that any camper with a fever, rash, pink eye, head lice, persistent vomiting or other signs of illness will be sent home. I further understand that I am responsible for providing transportation for my child listed herein the event of needing to go home. | |
| **Print Full Name of Parent(s)/Legal Guardian(s)** | |
| **Signature** | **Date** |