

Medication Administration Form

All campers who need medication while at camp must do the following:

1. Complete the consent below, signed by parent of legal guardian for administration of medication while the student attends Fish Camp.
2. Bring the medication IN THE ORIGINAL BOTTLE, properly labeled as prescribed by law.
3. Turn in medications at Registration to the Camp Nurse and abide by his/her instructions for administration.
4. If more than one medication is to be administered, A SEPARATE FORM is to be completed and signed for EACH MEDICATION.

MEDICATION INFORMATION FOR:

Name: _____ Birthday: _____ Sex: M F

Church student came with: _____ City: _____

Name of Medication: _____

Purpose for use (e.g. allergies, asthma, antibiotic): _____

Form of Medication: Tablet Pill Capsule Inhalation
 Other: _____

Dosage (amount to be given): _____

How often? _____ What time? _____

Remarks or special instructions: _____

As the parent or legal guardian of the above child, I hereby give permission for the Camp Nurse or administration to administer this medication to my child.

 Parent/Guardian Signature Phone Number Date

OFFICE USE ONLY

Day	Date	Time Given/Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Thursday	7/23/20	/	/	/	/
Friday	7/24/20	/	/	/	/
Saturday	7/25/20	/	/	/	/
Sunday	7/26/20	/	/	/	/

Please indicate the time and your initials each time medication is administered.