

SHARING CHRIST WITH OTHER YOUTH CAMP MEDICATION FORM

If your camper is bringing any medication with him/her please fill out this form to help us ensure that all medications are on the proper schedules. All medication must be turned in and will be administered at the appropriate time by the camp nurse.

Please list all medications taken, including when they are to be taken in the comments section, if the medication needs to be taken “as needed” please also indicate that in the comments section.

Camper’s Name: _____ Church: _____

Parent’s Name: _____ Phone Number: _____

For Camp Use Only:

Cabin Name _____ Cabin Leader: _____

The gray columns are for camp use only (an X will be placed when medicine is given)

Medication	Dosage	Comments	Breakfast	Lunch	Supper	Bed Time	As Needed
			S M T W T H F S	S M T W T H F S	S M T W T H F S	S M T W T H F S	S M T W T H F S
			S M T W T H F S	S M T W T H F S	S M T W T H F S	S M T W T H F S	S M T W T H F S
			S M T W T H F S	S M T W T H F S	S M T W T H F S	S M T W T H F S	S M T W T H F S
			S M T W T H F S	S M T W T H F S	S M T W T H F S	S M T W T H F S	S M T W T H F S