

Please Check: Attending: Week 1____ Week 2____ Week 3____

Medications:

Are you currently taking any type of medication? _____Yes _____No
If yes, please complete the following:

Medication Name	Prescription or Over-Counter?	Prescription #	Dosage	Parent/Guardian Signature	For nurses use only

REQUIRED Physicians Statement:

A physician's verification of the necessity for the above-listed medication; name of medication; dosage; times or intervals at which it is to be taken; duration; and possible side effects:

Physican's Signature

Date

Other Medical Information:

Permission to Administer Non-Prescription Medications:

I, the parent/legal guardian of the above named counselor or staff missionary, hereby give my permission for a licensed nurse to dispense to my minor child the following medications should my child request such and should the nurse deem appropriate:

(Please sign on line next to named drug to give permission to dispense.)

- Tylenol (Acetaminophen): _____
- Advil / Motrin (Ibuprofen): _____
- Benadryl: _____
- Pepto-Bismol: _____

Important Note Regarding Medications:

- *With the exception of asthma inhalers and EpiPens, no minor (under age 18) may possess any drugs (prescription or non-prescription) on their person or in their baggage at any time. Upon arrival to camp, all medications must be given to the camp nurse who will hold and disburse medications according to prescription directives.*
- **All medication must be in its original container with the attached prescription directives.** Medications not in an original container cannot be accepted.
- *It is requested that all medications belonging to one person be placed into a single zip-lock bag and clearly labeled with the person's name.*

