

**ELEMENTARY CAMP MEDICAL FORM**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

ALLERGIES \_\_\_\_\_ CABIN \_\_\_\_\_

(please note if there are no known allergies)

**INSTRUCTIONS:** All parents must complete this form. If you do not want any nonprescription/prescription drugs to be given, please note this in section II. All parents are to sign section I with preference specified in section II and/or physician signature in section III. Turn this form in with your child's camp registration.

**I. PARENT'S PERMISSION TO ADMINISTER NONPRESCRIPTION / PRESCRIPTION**

**MEDICATIONS:**

I hereby give permission for my child \_\_\_\_\_ to receive nonprescription/prescription medications as noted on Elementary Camp Medical Form during camp hours. On behalf of my child, I release Central Church of God and their counselors/workers/nurse from any liability that may result from my child receiving this nonprescription/prescription medication (see sections II & III).

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone number)

**II. NONPRESCRIPTION MEDICATIONS:**

I give my full and unconditional permission to the camp nurse and/or her designated person to administer the over the counter medications checked below if they deem necessary (please, check all that apply).

\_\_\_\_\_ TYLENOL    \_\_\_\_\_ BENADRYL    \_\_\_\_\_ ANTACID    \_\_\_\_\_ NEOSPORIN

MEDICATION LISTED \_\_\_\_\_ (parents to provide)

\_\_\_\_\_ NO MEDICATIONS TO BE GIVEN

**III. PHYSICIAN AUTHORIZATION:**

In order to keep this child in optimum health, it is necessary that the below prescribed medications be administered during camp hours.

DRUG	DOSAGE/ROUTE/FREQUENCY	INSTRUCTIONS
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

*(If needed, continue on reverse.)*

I am aware of and agree that the above listed medications be administered as prescribed during camp hours. Should the child develop symptoms caused by the medication, the parent and physician will be notified.

\_\_\_\_\_  
(Physician signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone number)

**IV. AUTHORIZATION FOR PRESCRIPTION MEDICATIONS:**

1. A written authorization signed by parent/guardian and the child's physician must accompany prescription medications for a child to receive them at camp. This form lists the name of the drug, dosage, route, and times of administration.
2. The medication must be brought to camp in the container labeled by the pharmacy or physician.
3. The camp nurse and/or her designated person will be responsible for the administration of medications and keeping them in a locked container/cabinet.
4. No injections will be given except in an emergency, such as a severe allergic reaction, and/or as prescribed by physician.
5. Prescription medications will be administered as written by the physician, and recorded on the Elementary Camp Medical Form. Medication that is administered "as needed" will be recorded each time it is given.
6. Children who have severe allergic reactions must have a physician order for the emergency procedure in the event of a reaction.

**V. ADMINISTRATION RECORD: (camp nurse only)**

<b>DRUG/ DOSAGE/FREQ</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>	<b>MON</b>	<b>SIGNATURE</b>
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

**VI. MEDICAL HISTORY/COMMENTS:**