



# 2019 PFYOUTH CAMPER MEDICATION FORM

(REQUIRED IF BRINGING ANY MEDICATION—PRESCRIPTION OR NON-PRESCRIPTION)

(1 PER STUDENT—PARENT/GUARDIAN SIGNATURE REQUIRED BELOW)

Authorization for: \_\_\_\_\_  
Student Name (Last, First) Church City / Church Name

Camp Attending:  Youth Camp 1  Youth Camp 2  Youth Camp 3  Youth Camp 4  Kids Camp 1  Kids Camp 2

**If your camper needs to bring any medication to camp, please complete this information within 24 hours prior to your camper's arrival. All medications must be in the original containers.** Place all medication containers in a plastic re-sealable zipper closure bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the first aid table during camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in case one is lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the first aid director.

**NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATURE.**  
**Medical personnel in the sick bay must administer all camper medications.**

Name of Medication	Dosage	Time to be given	Signature & Time Given (First Aid Director Use Only)			

Medications will be given as directed on prescription containers. Explain any differences in instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

**SIGN HERE:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PRINT)

\_\_\_\_\_  
DATE