

2019 PFYOUTH CAMPER MEDICATION FORM

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

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

Amp Attending: Touth Camp 1 Touth Camp 2 Touth Camp 3 Touth Camp 4 Kids Camp 1 Kids Camp 5 Vour camper needs to bring any medication to camp, please complete this information within 24 hours on your camper's arrival. All medications must be in the original containers. Place all medication containers on your child is to receive at camp. A medical attendant will receive medications at the first aid camp. A medical attendant will receive medications at the first aid table into your child is to receive at camp. A medical attendant will receive medications at the first aid camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in case I lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the filteretor. NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATUM Medical personnel in the sick bay must administer all camper medications. Name of Medication Dosage Time to Wignature & Time Given (first Aid Director Use Only) Additional personnel to administer the medications listed above. In addition, Lauthorize the Camp Executive Staff onsent to medical treatment when either my assignee or Lannot be contacted. Lunderstand that every effort will be made to contacted on the staff of t	uthorization for:Student	Name (Last, First)			Church City	y / Church Name	_
Dour camper's arrival. All medications must be in the original containers. Place all medication container lastic re-sealable zipper closure bag with this completed form detailing instructions for the use of each m or your child is to receive at camp. A medical attendant will receive medications at the first aid table camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in cas lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the firector. NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATUM Medical personnel in the sick bay must administer all camper medications. Name of Medication Dosage Time to Signature & Time Given (First Aid Director Use Only) edications will be given as directed on prescription containers. Explain any differences in instructions:	amp Attending: Youth Camp 1	☐ Youth Camp 2	☐ Youth Car	np 3 🗖 Yo	uth Camp 4	☐ Kids Camp 1	☐ Kids Camp 2
your camper's arrival. All medications must be in the original containers. Place all medication containes astic re-sealable zipper closure bag with this completed form detailing instructions for the use of each m or your child is to receive at camp. A medical attendant will receive medications at the first aid table camp check-in. Inhalers are the only medications that can be kept with the camper (please send two in cas lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the firector. NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATUM Medical personnel in the sick bay must administer all camper medications. Name of Medication Dosage Time to Signature & Time Given (First Aid Director Use Only) dications will be given as directed on prescription containers. Explain any differences in instructions: uthorize the camp medical personnel to administer the medications listed above. In addition, Lauthorize the Camp Executive Staff seen to medical treatment when either my assignee or Lannot be contacted. Lunderstand that every effort will be made to container such action.	your camper needs to brin	ng any medicatio	on to camp.	nlease co	mplete this	information wi	thin 24 hours n
ustic re-sealable zipper closure bag with this completed form detailing instructions for the use of each m n your child is to receive at camp. A medical attendant will receive medications at the first aid table empty check-in. Inhalers are the only medications that can be kept with the camper (please send two in case lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the firector. NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATUM Medical personnel in the sick bay must administer all camper medications. Name of Medication Dosage Time to be given Signature & Time Given (Hirst Aid Director Use Only) dications will be given as directed on prescription containers. Explain any differences in instructions: who is a directed on prescription containers. Explain any differences in instructions: who is a directed on prescription containers. Explain any differences in instructions: who is a directed on prescription containers. Explain any differences in instructions:							
n your child is to receive at camp. A medical attendant will receive medications at the first aid table of mp check-in. Inhalers are the only medications that can be kept with the camper (please send two in cas lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the file ector. NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATUR Medical personnel in the sick bay must administer all camper medications. Name of Medication Dosage Time to Signature & Time Given (First Aid Director Use Only) dications will be given as directed on prescription containers. Explain any differences in instructions: with prize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staffssent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to containers such action.							
lost). Over the counter meds such as Tylenol, Midol, and multi-vitamins must all be turned in to the frector. NO MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATU Medical personnel in the sick bay must administer all camper medications. Name of Medication Dosage Time to be given Gista Aid Director Use Only) dications will be given as directed on prescription containers. Explain any differences in instructions: athorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff sent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to containers such action.							
No MEDICATION CAN BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT/LEGAL GUARDIAN SIGNATUR Medical personnel in the sick bay must administer all camper medications. Name of Medication Dosage Time to be given Girst Aid Director Use Only) dications will be given as directed on prescription containers. Explain any differences in instructions:	mp check-in. Inhalers are t	he only medicat	tions that cai	n be kept	with the ca	amper (please se	end two in case
Name of Medication Dosage Time to Signature & Time Given (First Aid Director Use Only) dications will be given as directed on prescription containers. Explain any differences in instructions:		eds such as Tyle	nol, Midol,	and multi	-vitamins n	nust all be turne	ed in to the first
Name of Medication Dosage Time to be given (First Aid Director Use Only) dications will be given as directed on prescription containers. Explain any differences in instructions:							
adications will be given as directed on prescription containers. Explain any differences in instructions:			,		Signa	ture & Time Given	_
uthorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff is sent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contacted ore such action.			be given		(First Ai	d Director Use Only)	
uthorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff is sent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contacted ore such action.							
thorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff sent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contacted such action.							
thorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff sent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contacted such action.							
thorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff sent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contacted such action.							
outhorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff issent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contacted ore such action.							
on thorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff issent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contacted ore such action.							
outhorize the camp medical personnel to administer the medications listed above. In addition, I authorize the Camp Executive Staff issent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contacted ore such action.							
nsent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to conta fore such action.	dications will be given as directe	ed on prescription co	ontainers. Expla	in any diffe	rences in instr	ructions:	
isent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to conta ore such action.							
isent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to conta ore such action.							
isent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to conta ore such action.							
N HERE:	sent to medical treatment when						