

**CAMPER
MEDICATION FORM**

STEP 1 List all prescription medications that need to be administered to your camper and complete dosage instructions.

STEP 2 Sign and fold this page. Place it in a resealable plastic bag along with your camper's medication.

- ❖ *Send only doses to be given while at camp.*
- ❖ *Medication must be in pharmacy labeled containers with camper's name and dosing instructions printed on the label.*

STEP 3 Give baggie to church camp leader so they can turn it in to the nurse upon check-in at camp.
Do not pack this form or medication in camper's belongings.

The information on this form is correct and complete. I hereby give permission for the OBA Campground first-aid team to administer the medication as directed on this form.

Parent/Guardian Signature _____ Date _____

-----fold here-----

Camper Name _____ Church _____

Allergies _____ Date of Birth _____

Medication Dose Timing (AM, Lunch, PM, Emergency)

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