

Camper Medication Information Sheet

Medicine must be sent to camp in the original bottle. All medicine (excluding EpiPens and Inhalers) must be turned in to camp staff and will be administered by First Aid personnel.

Camper Name: _____

Church: _____

Medicine #1: _____

Reason for taking: _____

When does your child take this medication (please circle):

Breakfast Lunch Dinner Bedtime Other: _____

Medicine #2: _____

Reason for taking: _____

When does your child take this medication (please circle):

Breakfast Lunch Dinner Bedtime Other: _____

Medicine #3: _____

Reason for taking: _____

When does your child take this medication (please circle):

Breakfast Lunch Dinner Bedtime Other: _____

Parent/Guardian Signature: _____