



MEDICATION FORM

Step 1: Have meds in original containers. List all medication that need to be administered while at camp. Including over-the-counter medication.

Step 2: Sign and place this form (with the Medication/Instructions side facing out) **inside a zip-lock bag** with all of the listed medications.

Step 3: Send the medication bag with the camper and have it ready to give to their leader at check-in. **HAVE IT OUT OF THE CAMPER'S SUITCASE.**

Important: *If you are bringing prescription medication, supplements, or routine over-the-counter medications, they must be in the **original pharmacy labeled container** or **original manufacturer's container**. Send only the amount needed while at camp. *Any sample prescription medication must be accompanied by a signed physician prescription.

***Rescue medication must be listed on this form, but may be kept with the camper.**

I declare that the information listed on this form is correct and complete. I hereby give permission for the NCN Kids Camp staff to administer the medication as directed below.

Signature (Parent's for a minor): _____ Date: _____

PARENT OR EMERGENCY CONTACT # () _____

FOLD HERE

CHURCH NAME/CITY: _____ CIRCLE ONE: **M** **F**

CAMPER'S LAST NAME: _____ FIRST NAME: _____

ALLERGIES: _____

MEDICATION NAME	DOSAGE	TIME GIVEN	ONLY AT REQUEST	SPECIAL INSTRUCTIONS

LIST ANY ADDITIONAL MEDICATIONS OR INSTRUCTIONS ON THE BACK OF THIS FORM