



MEDICATION ADMINISTRATION FORM

Camper Name: _____ Birthdate: ____/____/____ Age: ____ Sex: ____ Male ____ Female

Church Name: _____ Camp: _____ Camp Date _____

As the parent/guardian of the above-named child, or for my adult self, I give my permission to the Highland Lakes Camp Medical Staff to administer as prescribed by law the medication listed below to my child/ward or to myself.

Parent/Guardian/Self Signature: _____

Date: _____

Parent/Guardian/Self Printed Name: _____

Contact Phone: _____

MEDICATION		Place X on Schedule:	DAY 1 Time given/initial	DAY 2 Time given/initial	DAY 3 Time given/initial	DAY 4 Time given/initial	DAY 5 Time given/initial
Med Name		Breakfast _____					
Strength (mg/mcg)		Lunch _____					
Dose Info		Dinner _____					
		Bedtime _____					
		As Needed _____					
Med Name		Breakfast _____					
Strength (mg/mcg)		Lunch _____					
Dose Info		Dinner _____					
		Bedtime _____					
		As Needed _____					
Med Name		Breakfast _____					
Strength (mg/mcg)		Lunch _____					
Dose Info		Dinner _____					
		Bedtime _____					
		As Needed _____					

~All medication must be turned in to Highland Lakes Camp Medical Staff. No medication is to be in the Bunkhouses or Private Camp Housing.
 ~List all medications on this form, with prescribed strength and scheduled dose instructions. If prescribed dose is "once daily", please indicate with X the time of day your child usually takes the medication.
 ~Put this form and the medications listed in a gallon sealable plastic bag. Write the camper name on the bag. Give the bag to the group leader.
 ~Prescription medication must be properly labeled and in original container. If dosage on the container is different than what is to be given, a doctor's note must accompany the prescription with current instruction.
 ~Highland Lakes Camp Medical Staff requests that you do not send Over-The-Counter medications just in case needed (e.g. Tylenol, Ibuprofen, Benadryl etc.). These types of medications are provided by HLCCC