



# MEDICATION ADMINISTRATION FORM

- All medication must be turned in to Highland Lakes Camp Medical Staff.
- List all medications on this form.
- Put this form and the medications listed in a sealable plastic bag.
- Write the camper name and church name on the bag.
- Give the bag to the group leader.
- Prescription medication must be properly labeled. If dosage on the container is different than what is to be given, a doctor's note must accompany the prescription with current instructions.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- Highland Lakes Camp Medical Staff request that you do not send Over-the-Counter medications e.g. Tylenol, Ibuprofen, Benadryl, etc. These types of medications are provided by HLCCC.

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

Church Name: \_\_\_\_\_ Church City \_\_\_\_\_

Group Leader Name: \_\_\_\_\_

Camp Name: \_\_\_\_\_ Camp Date: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian/Self (18+) Signature \_\_\_\_\_ Date (\_\_\_\_) \_\_\_\_\_ Contact Phone #

\_\_\_\_\_  
Print Parent/Guardian/Self (18+) Name

Medication	Form <small>e.g. tablet, capsule, liquid, inhaler, etc</small>	Dosage <small>amount to be given</small>	Frequency <small>how often</small>	Purpose	Comment <small>special instructions</small>

If necessary, make additional copies of this blank form in order to provide requested information for each medication.