



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