Camp Blessing Texas Medication Instructions and Information Page

Name: _____

Allergies: _____ Height: _____ Weight: _____ Age:_____

- Please send ALL medication/supplements in the ORIGINAL PHARMACY LABELED BOTTLES. (DO NOT put medication into daily pill boxes.)
- Please make sure you send enough medication for the WHOLE WEEK. Over the counter medication will be provided as needed.
- Please place this form and all medication bottles in a ziplock bag to be turned in during check in.

Names of Medication	Dose	Time of Day (Breakfast, Lunch, Dinner, or Bedtime)	Special Instructions (crushed in applesauce, etc)

If your camper has injectable medications, we MUST have a written physician's orders to administer them. Please attach orders to this form.

have read the above instructions carefully and have filled out the information needed on medications for my child. I give permission for the camp medical team o administer the medication as instructed above. I also give permission for members of the camp medical team to give over the counter medication as needed for ny child. The medical team has permission to assess and give treatment as necessary for the medical care of my child. In an emergency, I give permission for x-ays, routine tests, and medical treatment and that the cost of such medical care is my responsibility.

Parent Signature_____

or Clinic Staff Use: MOM Y / N Tylenol / Ibuprofen Seizures Y / N Date of Last:_____ Notified: Y / N