CAMP IMPACT

SUMMER CAMP
Medication Administration Form

This form must be completed by the Parent/Guardian of any camper with medication/allergies.

PRESCRIPTION MEDICATION NEEDS TO BE IN THE ORIGINAL BOTTLE, WITH ONLY THE AMOUNT NEEDED FOR THE CAMPERS STAY AT CAMP.

STEP 1: CAMPER INFORMATION (please print clearly)

Camper Name _____ Age _____ Birth Date ___/___/___ Gender ☐ M ☐ F

STEP 2: CHURCH INFORMATION (please print clearly)

Church Name_____ Group Leader_____

STEP 3: WEEK OF CAMP (check one)

☐ **CAMP IMPACT (TEENS)**   ☐ **CAMP ADVENTURE (KIDS)**

STEP 4: HEALTH INFORMATION (required)

Is there any information we should have regarding this camper? (i.e., handicaps, restrictions, etc.)
_____

What communicable diseases has this camper had? (check all that apply) ☐ Measles ☐ Polio ☐ Mumps ☐ Chicken Pox ☐ Scarlet Fever ☐ Whooping Cough

When did this camper receive the following immunizations? (give year) Polio _____ Diphtheria _____ Whooping Cough _____ Tetanus Toxoid _____

Does the camper have any of the following? (check all that apply) ☐ Heart Trouble ☐ Ear Trouble ☐ Asthma ☐ Hernia ☐ Skin Trouble ☐ Lung Trouble ☐ Diabetes

Allergies (Name allergies or medications camper is allergic to. **Camper must bring own EpiPen if needed.**) _____

Physical Limitations: _____ Mental Limitations: _____

Are there any activities the camper should be restricted from? ☐ Yes ☐ No _____

Has camper been under medical care within the past three months?
Yes No If so, for what reason _____

May be given Tylenol? ☐ Yes ☐ No   **Benadryl?** ☐ Yes ☐ No   **Ibuprofen?** ☐ Yes ☐ No   **Aspirin?** ☐ Yes ☐ No   **Mylanta?** ☐ Yes ☐ No   **Pepto-Bismol?** ☐ Yes ☐ No

STEP 5: CAMPER MEDICATION (please print clearly)   Please use back if needed

# of Meds	Medication	Dosage	Frequency
1			
2			
3			
4			
5			
6			

STEP 6: SIGNATURES (required)   Phone Number(s) you can be reached at if nurse has any questions

Phone Number (___) _____   Cell Number (___) _____   Work Number (___) _____

This must be signed by the camper's Parent/Legal Guardian.
PARENT'S OR GUARDIAN'S SIGNATURE (required) _____ Date ___/___/___