central
OPEN BIBLE CHURCHES

Bringing Medication to Camp Form

This form is **only** for students that are bringing medication to camp. It must be turned in to the **Nurse** upon arrival, along with any medication(s) listed below.

Camper's Name: _____ **Current Age:** _____

Date of Birth: _____/ _____/ _____ **Sex:** _____

Address: _____

Parent/Guardian Phone #: _____ **Church City:** _____

1) This form must be completed fully in order for camp nurse or other staff members to administer the required medication **OR** for the camper to self-administer the medication.
2) Prescription medication must be in the labeled original container by the pharmacist or prescriber.
3) Please then place all prescription bottles in a **large Ziplock bag** with your **student's full name** and **church** name on it.
4) DO NOT pre-dispense or place in a daily pill holder.
5) At least one dose of any new prescription medicine **MUST** be given to the camper at home before bringing to camp.
6) Please indicate if medicine is taken daily or as needed.
7) Please be specific with any variation or conditions associated with "as needed".
8) If your camper will bring an inhaler, EpiPen, or other emergency med to camp, or has diabetes please also include a copy of his/her current action plan. Please supply **2** copies of the action plan - one for the group leader, and one for the nurse. Please also discuss with your student and youth group leader who is most appropriate to keep the emergency medication, as the nurse will not always be with your student.

Please check the appropriate boxes

Medication Name | Reason Taking | Dosage	Breakfast	Lunch	Dinner	Bedtime	As needed
1) _____					
2) _____					
3) _____					
4) _____					
5) _____					

Parent/Guardian Authorization

I request the authorized camp nurse(s) to administer the medication or supervise the camper in self-administration as prescribed. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at camp. I understand that at the end of camp, an authorized individual, which may include the child, must pick up the medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ **Date:** _____