

STUDENT CAMP 2010

MEDICATION FORM & AUTHORIZATION FOR ADMINISTRATION OF "AS NEEDED MEDICATIONS"

Student's Name: _____ Age: _____

Allergies: _____

Daily Medications Taken:

| Name of Medication | Dosage/Frequency |
|--------------------|------------------|
|--------------------|------------------|

My child will keep medication listed above with them: Yes No

Permission for medication to be given:

Tylenol yes no Ibuprofen yes no Benadryl yes no Tums yes no

Pepto-Bismol yes no Imodium yes no

I give permission for my child to be given as needed medications as indicated above during student camp 2010. I understand that I will be informed if a condition/problem is on-going. Medications will be given according to package/bottle directions by adult trip sponsors from medications in the Student Ministry First Aid Box.

Parent's signature _____ Date _____

Phone number _____