

2026 Faith Family Church Summer Camp Medication Form

If your camper needs to bring any medication to camp, **please complete this form NO SOONER THAN 24 HOURS PRIOR TO YOUR CAMPERS ARRIVAL TO CAMP**. All medications must be in the original containers. Place all medication containers in a plastic bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the nurse's table during camp check-in. **No medication can be administered unless listed on this form with Parent/Legal Guardian signature or the Summer Camp Camper Waiver & Release Form.**

Medical personnel will administer all camper medications.

Camper Full Name _____

Church/City _____

Cabin # __ (to be filled in at camp)

Parent Day Phone _____

Parent Evening Phone _____

NAME OF MEDICATION	DOSAGE	HOUR TO BE GIVEN	Signature and Time Given (Nurse Use Only)					

Comments/Instructions:

Medications will be given as directed on prescription containers. Explain any differences in instructions:

Parent/Guardian:

I, _____, Parent/Legal Guardian of _____ authorize the camp medical personnel to administer the medications listed above.

I authorize the Camp Nurse to consent to medical treatment when either my assignee or I cannot be contacted. I understand that every effort will be made to contact me before such action.

Parent/Guardian Signature _____

Date: _____

(24 hours prior to camp arrival)