



Kids Camp 2026 – Vista Ridge Medication Administration & Parent Consent

Camper Information

Name: _____ DOB: _____

Parent / Guardian Contact

Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Allergies / Medical Conditions

Allergies: _____

Medical Notes: _____

Required Documentation for Prescription Medications

For the safety of all campers, the following items are required for any prescription medication. Medications will **not** be accepted without these:

- Medication is in the **original pharmacy-labeled container**
- Label includes **camper's name and matches this form**
- Label includes **medication name, dosage, and instructions**
- **Prescribing physician's name + contact information** is listed
- **Parent/guardian instructions** are clearly completed on this form
- Medication is **unexpired and in proper condition**
- PRN medications include **clear instructions**

Prescription Medication(s)

• Medication: _____ Dosage: _____

Route: _____ Frequency: _____ Time(s): _____

Reason: _____

• Medication: _____ Dosage: _____

Route: _____ Frequency: _____ Time(s): _____

Reason: _____



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Prescription Medications

- Medication: _____ Dosage: _____
Route: _____ Frequency: _____ Time(s): _____
Reason: _____

PRN (As-Needed) Medications – Parent Provided

- Medication: _____
Instructions: _____
Min Time Between Doses: _____ Max Per Day: _____
Parent Signature: _____ **Date:** _____
- Medication: _____
Instructions: _____
Min Time Between Doses: _____ Max Per Day: _____
Parent Signature: _____ **Date:** _____

Disclaimer:

Medications will be administered and/or supervised by a licensed medical professional (Registered Nurse) in accordance with written instructions provided by the parent/guardian and/or prescribing healthcare provider.

The Branch Church will make every reasonable effort to ensure medications are administered safely and according to directions; however, the church, its staff, and volunteers are not responsible for adverse reactions, side effects, or complications resulting from medication use.

By submitting medication and instructions, the parent/guardian acknowledges and accepts these terms.

Parent Authorization

Signature: _____ **Date:** _____ **Phone:** _____