

2022 Northwest Ministry Network Camp Medication Form

If your camper needs to bring any medication to camp, please complete this form. 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. Camp Leadership will administer medication according to this form and the directions provided on the medical containers.

Camper Full Name _____

Church/City: _____ Cabin # _____ (to be filled in at camp)

Parent Day Phone: _____

Parent Evening Phone: _____

Alternate Emergency Contact: _____

NAME OF MEDICATION DOSAGE TIME TO BE GIVEN

Parent/Guardian: I, _____, Parent/Legal Guardian of _____ (Campers Name) authorize the camp medical personnel to administer the medications listed above. I authorize the Camp Leadership 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: _____