

Camp Travis Medication Administration Form

- All medications brought to camp must be included on this form and given to the church medical leader.
- All medications must be listed on this form and placed in a large **labeled** Ziploc bag, along with this form.
- Prescription medication must be properly labeled with correct dosage information listed on the container.

Student Name: _____ Birth Date: ____/____/____

Prescribed Medication

- As the parent or legal guardian of the above-named child, I give my permission to the enlisted Travis Avenue medical leader to administer as prescribed by law the listed medication to my child.

Over-the-Counter Medication

I DO / I DO NOT (circle one) give permission for the camp nurse to provide my child over-the-counter (OTC) medication (i.e. aspirin, ibuprofen, Benadryl, Pepto-Bismol, etc) we did not provide the nurse, to treat symptoms such as headaches, allergies, upset stomach, etc.

Over the counter medication **I do not** want administered to my child (if any):

Parent/Guardian Signature

Date

(_____)_____
Contact Phone #

Medication	Form (tablet, capsule, liquid, inhaler)	Dosage (amount to be given)	Frequency	Purpose	Comments (Special Instructions)