## **Medication Administration Form**

-Form Must Accompany Medication-



- All medications brought to camp must be included on this form and given to the church leader who will give it to the Medical Staff of Camp Chaparral at camp check-in.
- All medications must be listed on this form and placed in a large Ziploc bag, along with this form.
- Prescription medication must be properly labeled, if dosage on the container is different than what is to be given, a doctor's note must accompany the prescription with current instructions.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- Camp Chaparral Medical Staff request that you do not send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc.). These types of medications can be provided by Camp Chaparral.

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

\_\_\_\_\_\_\_ Birth Date: \_\_\_/\_\_\_\_ Age: \_\_\_ Sex: \_\_Male \_\_Female

- If you have any questions, please contact the Camp Chaparral Medical Staff.
- This form must be signed by the parent.

amp Name:Ca				mp Date:	
As the parent or legal guard administer as prescribed by				he enlisted Camp Ch	aparral Medical Staff to
Parent/Guardian Signature Print Parent/Guardian Name				Date  Contact Phone Number	
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If necessary, make additional copies of this blank form in order to provide requested information for each medication.