CHILD'S MEDICATION FORM
(FOR OUR CAMP NURSE)
NICOLE WEAVER

Child's Full Name: _____ Age: _____

My son / daughter has food allergies: Yes / No
They are: _____

_____

I give the camp medical staff permission to administer the following over-the-counter medications, should the need arise, while my child is at Kids Camp.

PARENT OR GUARDIAN
SIGNATURE:_____

Please check off the medications that are approved and sign below:
_____ Advil (Ibuprofen) _____Allergy tabs(Antihistamine)
_____Anti-itch cream(Benadryl/hydrocortisone) _____Calamine Lotion
_____Tums
_____Triple antibiotic ointment (e.g. Neosporin)
_____Tylenol (Acetaminophen)
_____ Please call me before giving my child any over the counter medications.

My phone number is _____

Please remember that <u>NO</u> medication can be kept in the cabins. If your child takes medication on a daily basis, please list below the medication, dosage, and what time of day the child receives this medication. Please send medication in a clear bag with the child's name on it.
Medication _____ Dose _____
Time_____
Medication _____ Dose _____
Time_____
Medication _____ Dose _____
Time_____
Medication _____ Dose _____
Time_____

PLEASE MAIL PAYMENT AND FORM TO: MONICA RAGAN, 3300 Stoney Creek Drive, Clayton, NC 27520