

MMBC - Youth Camp 2010
MEDICATION FORM

Student Name: _____ **Age:** _____

Parent/Guardian Signature: _____

Emergency Contact Number(s): _____

Please list any allergies (food, medications, bee stings): _____

Medication #1 _____ Dosage _____

How many times a day? _____ Possible reactions: _____

Special Instructions:

Medication #2 _____ Dosage _____

How many times a day? _____ Possible reactions: _____

Special Instructions:

Medication #3 _____ Dosage _____

How many times a day? _____ Possible reactions: _____

Special Instructions:

Comments:

NOTE: ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER AND LABELED with student's full name, name of medication, prescription strength and dosage frequency. No medication can be administered by camp nurse without this info.