



Lancaster Presbyterian Church

	Name _____ (Last, First)		
Office Use Only	Cabin # _____	Outpost _____	Lodge _____
	Counselor/Leader _____		
	Dates of Camp: <u>Sunday, June 25 – Saturday, July 1, 2017</u>		

## Medication Use Form

### Lancaster Presbyterian Church Summer Youth Camp at Duffield Camp and Retreat Center, Inc.

**Camper's Name:** \_\_\_\_\_

Instructions:

**For Prescription Medications:**

Any use of prescription drugs must be ordered by the Camper's Physician and brought in original container. This form must be completed **for each prescription** to be administered and signed by the Camper's Physician.

**For Over-the Counter Medications:**

Any use of over-the-counter medication must have specific directions, be in the original container and signed by the Camper's parent. This form needs to be completed **for each over-the-counter medication** the Camper uses.

Please complete one form per medication. Sufficient quantities of the medication must be provided to the Nurse at registration:

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**Please give the following medications to the above named Camper:**

Name of **Prescription Medication:** \_\_\_\_\_

Dosage of Drug: \_\_\_\_\_

Times to be Administered: \_\_\_\_\_

Length of time drug is to be given: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Phone No.: \_\_\_\_\_

Name of **Over-the-Counter Medication:** \_\_\_\_\_

Dosage of the Drug: \_\_\_\_\_

Times to be Administered: \_\_\_\_\_

Length of time drug is to be given: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_