



Lancaster Presbyterian Church

Name _____		
Office Use Only	<input type="checkbox"/> Elementary	Cabin # _____
	<input type="checkbox"/> Intermediate	Tent # _____
	<input type="checkbox"/> Junior High	Lodge or Cabin # _____
Dates of Camp: <u>Sunday, June 24 – Saturday, June 30, 2018</u>		

## Medication Use Form

### Summer Youth Camp 2018

**Name of Camper:** \_\_\_\_\_

*This will assist the Camp Medical Staff give appropriate care, so any changes should be provided to the Camp Nurse upon arrival.*

**Instructions:** Please complete one form per medication. Sufficient quantities of the medication must be provided to the Nurse at check-in the first day of camp.

**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.

**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.

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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 Number: \_\_\_\_\_

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:** \_\_\_\_\_