



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>Thursday, June 27 – Wednesday, July 3, 2019</u>		

Over-the-Counter Medication Use Form

Summer Youth Camp 2019

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.

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 give the following medication 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 Parent/Guardian _____

Date: _____