

Student Name _____ Male Female

Parent Name _____ Cell # in case of emergency _____

Please see detailed instructions on the back.

Time of day medication taken:

Medication & Dosage	8:00 - 9:00 AM	12:00 - 1:00 PM	5:00 - 6:00 PM	10:00 - 11:00 PM

Please list any allergies (i.e. bee stings, peanuts, seasonal) _____

Please list any medical conditions _____

Physician name: _____ Office Phone Number: _____

*Remember - Medications MUST be in their original containers

Please have this form completed and placed in a large gallon ziplock bag along with medication and bring to check-in

Medication Form Instructions

Please complete this form for your student for Youth Week. PLEASE WRITE LEGIBLY.

- Mediations must come in original bottles with name of medication and students name on each bottle
- Students will NOT be allowed to keep any medication on their person -- including tylenol and motrin. For the safety of all students; this is Non-Negotiable
- The time slots listed are when the students will have access to their medications. Please specify when you would like your child to receive his/her medications on the form. NOTE: Students will ONLY have access to their meds at these times.
- The camp nurse will have over the counter medications available if your student has a need during group times and activities
- Students who need lunchtime meds need to pick them up from the nurse at breakfast
- Please reach out to our camp nurse, Kristi Diephouse at kristidiephouse@gmail.com with any questions or concerns you have.

