

# Personal Medicine Form

(Turn this form in on the day we leave along with any meds you're bringing on the trip.)

Child's Name: \_\_\_\_\_

We will have a supply of the following over the counter medications on hand. I authorize an adult leader to give the following OTC medicine(s) to my child. (Check all that apply)

Ibuprofen \_\_\_\_\_ Pepto-Bismol \_\_\_\_\_ Imodium \_\_\_\_\_ Benadryl \_\_\_\_\_

In addition to the OTC medications listed above, my child may also take the following medicines, according to the following guidelines. **Please have prescription meds in their original bottles, and place all meds in a ziploc bag with your child's name on it.**

| Medicine | Dosage | Frequency |
|----------|--------|-----------|
| 1. _____ |        |           |
| 2. _____ |        |           |
| 3. _____ |        |           |

(If more space is needed make a note and use the back of this form.)

Please use this section for medicines that your child needs to keep ON THEIR PERSON out of medically necessity. (ex. inhalers, Epi-pen, etc)

| Medicine | Dosage | Frequency |
|----------|--------|-----------|
| 1. _____ |        |           |
| 2. _____ |        |           |

(If more space is needed make a note and use the back of this form.)

I agree that my child can take the following medicines while on this trip, and, I understand that all medicines must remain in the possession of an adult leader or camp nurse (except in cases of where it is medically necessary for the child to have possession of them).

Parent Printed Name: \_\_\_\_\_

Parent Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_