

Medication Form
Children's Summer Camp

Child's Name: _____

Age: _____

Grade: _____

Mom's Phone #: (C) _____

Dad's Phone #: (C) _____

Allergies: _____

Medication

Dose

How many times a day?

Primary Doctor: _____ **Phone#:** _____

Any other medical issues we need to know about:

**Please bring this form and the medication in the prescription bottle when you check in on Monday, June 27th at 8AM. Place the medication and this form in a gallon sized Ziploc bag. All students will check-in at the Brandon Campus Chapel. The camp nurse will be available on Monday morning if you need to speak with her.