2025 CAMPER MEDICATION FORM

GIRLS CAMP

DO NOT FILL OUT UNLESS MEDICINES OR OTHERS AS STATED ARE TO BE GIVEN WHILE AT CAMP

bottle to the	ns (prescription and /or ov first aid station at check-i on to dispense vitamins, h	n to be admi erbs or enzy	nistered to I mes, please	Participa e sign he	nt. If you give Volunteer	r Personnel, accompanyir	
Camper's Name:				Camper's DOB:			
Doctor's Name:				Phone:			
Parent's Name:				Phone:			
I hereby autho		s indicated	. ,	ove nai	med child while he/sh	•	dosage and at times of
	Printed Name	ted Name		Parent/Guardian's Signature	Date		
Parent/Guardian's Prir		Printed Name	ted Name		Parent/Guardian's Signature	Date	_
Name of Medication		Dos	Dosage		me to Give	Other Instructions	
	GIRLS	CAMP	NURS	E - M	IEDICATION LO	OG BELOW	
Date Name of Medicat		cation	Dosa	age	TIME & INITIALS	TIME & INITIALS	TIME & INITIALS

MEDICATION TERMINATION - Valid only during dates of Kids Camp the child attends.

Girls Camp complies with the Baby Douglas Law, therefore, this form must accompany the above-named child upon arrival at camp in order to receive the above listed medication.