MONARCH BIBLE CAMP

onehope CANADA

Camper Medication Form

Camper Name: _____

Please explain the need for the medication:

_____

_____

_____

Please list all medications required and the dosage for each:

Medication Name	**Dosage**

Medication Expiration: Circle "Yes" to verify that all medication is current and not expired. Yes

Permission: I give permission for the Camp Director to administer medications listed above to child. **Initial** _____

Parent/Guardian Signature: _____

Prescription medication must be in original container with Camper's name and dosage clearly indicated. Over the counter non-prescription medication must be labeled with Camper's name. All medication must be CURRENT. ALL medications, prescription or non-prescription, must be submitted with this accompanying document, to be distributed as needed by the Camp Director. This applies to Campers, Volunteers and Leaders. ***There should be NO MEDICATION in cabins or backpacks.***