Warren W. Willis UM Summer Camps

Medication Description Form

Step 1: List all routine medications that need to be administered while at camp.

Step 2: Sign and place this form inside of a sealable bag.

Step 3: Place enough of listed medications (enclosed in pharmacy labeled container) in this bag and send with your camper.

ALL MEDICATIONS MUST BE IN A PHARMACY LABELED CONTAINER WITH YOUR CHILD'S NAME OR THEIR ORIGINAL OVER THE COUNTER PACKAGING.

The information on this form is correct and complete. I hereby give my permission for the Warren Willis Camp nurse to administer the medication as directed above.

Parent Signature (required)

( )

Parent Contact Number

Camper Name:

(Office Use only.)
Cabin:_____
Church Name:_____
_____

Allergies:

Drug Name	dose	Please fill out only **ONE** of the two columns below for each prescription listed. Must be given at:	As needed	Special Instructions
		❑Breakfast ❑Lunch ❑Dinner ❑Bedtime	❑	
		❑Breakfast ❑Lunch ❑Dinner ❑Bedtime	❑	
		❑Breakfast ❑Lunch ❑Dinner ❑Bedtime	❑	
		❑Breakfast ❑Lunch ❑Dinner ❑Bedtime	❑	
		❑Breakfast ❑Lunch ❑Dinner ❑Bedtime	❑	
		❑Breakfast ❑Lunch ❑Dinner ❑Bedtime	❑	
Notes:				