

High School Camp Medications Form

I hereby request and give my consent for Rock Point Church or designee (including group leaders) to see that my child receives the medication listed below:

Student's Name (first & last): _____

Please fill out the following for each prescription/over the counter medication that belongs to your student:

** If a prescription needs to be administered "as needed" then write that on the line in place of an "x"

Name of Prescription/Over the Counter Medicine	Single Dosage Amount	Need to be taken with food?	Breakfast	Lunch	Dinner	Bedtime
			(Place a check, unless a specific time is needed)			
<i>i.e. Amoxicillin</i>	<i>1 pill</i>	<i>No</i>		<i>11am</i>		<i>x</i>

**Prescription medication and over-the-counter medication must be in the original container as prepared by a pharmacist/purchased and labeled, including the patient name.

List any allergies your student has: _____

Check ONE of the following if your student is bringing an EpiPen/Inhaler with them:

I would like my student to be responsible for their EpiPen/Inhaler during the trip by keeping it with them, thus releasing Rock Point Church of any liability or responsibility to my child in regards to their EpiPen/Inhaler during the trip.

I would like my child's designated leader to keep my child's EpiPen/Inhaler during the trip.

Check ONE of the following in regards to your child receiving non-prescription medication:

My student may receive non-prescription medication from their leader including but not limited to Tylenol, Ibuprofen, Cough Drops, Pepto-Bismol, etc. as needed.

My student may NOT receive any medication from their leader and will need an authorization call to me prior to being administered. (Note we will NOT be able to administer anything until the call goes through.)

Guardian Name Printed

Date

Guardian Name Signed