

Girls Mission Camp Medication Request Form

NON-PRESCRIPTION (OVER THE COUNTER) MEDICATION:

1. It is the responsibility of the parent/guardian to provide and request any medication that they wish their child to receive. Parent/guardian may send medication to camp to be used by their child. It must be accompanied by a Medication Request Form or by a note from the parent/guardian that includes the name of the medication, the dosage, and the conditions under which it should be given. All non-prescription medication must be brought to camp in the original container and be properly labeled. The parent/guardian is to affix the camper's name to the container.
2. Over-the-counter medication must be FDA approved and will be administered within safe guidelines according to label instructions.

PRESCRIPTION MEDICATION:

1. A licensed physician or dentist must order administration of prescription medication. The prescription must be written and filled by persons licensed in the United States.
2. Prescription medication must be in the original prescription container and be labeled to include the camper's name, doctor's name, dosage, and frequency of administration.

GENERAL PROCEDURES:

1. A Texas Baptist Encampment Health Card must be completed and signed by the parent or legal guardian. If the parent/guardian does not have this form, a note including the name of the child, medication name, dosage, frequency, and parent signature will be acceptable.
2. Please do not pack the medication. All medicines will be turned in to the nurses upon arrival at camp.
3. The camper must report to the clinic to take all medications unless other arrangements have been approved.
4. All medications will be administered by the camp nurse.
5. A record of administration shall be maintained on each camper's medication that includes the date and time it is given and by whom it was administered.
6. If there is a medication discrepancy that might be injurious to the camper, the nurse has the right to question the discrepancy or refuse to give the medication. The parent/guardian will be notified.
7. At the end of the camp, the camper or counselor should pick up all medications at the nurses office.

Name of camper: _____ Church: _____

Texas Baptist Encampment has a limited supply of over the counter medication. Please check all medications that you approve to be dispensed as needed. If your child is on any of these medications regularly, please send the medicine with your child to camp.

_____ Tylenol (acetaminophen) for headaches, fever, or pain.	_____ First Aid Cream for cuts and scrapes
_____ Advil (ibuprofen) for headaches, fever, or pain	_____ Swimmers Ear for ear aches
_____ Pepto Bismol for upset stomach, indigestions, heartburn, or nausea	_____ Benedryl for mild allergic reactions
_____ Immodium AD for diarrhea or stomach cramps.	

Parent/Guardian Signature: _____ Date: _____

I authorize Girls Mission Camp to use photographs of my daughter in publications and websites for promotion of the camp.

Parent/Guardian Signature: _____ Date: _____