

**PRETEEN CAMP 2017 -----MEDICATION INFORMATION FORM**

**\*\*We will have to have a copy of the front and back of your insurance card\*\***

Child's Name \_\_\_\_\_

Church Name \_\_\_\_\_

Grade Completed on May 30, 2017 \_\_\_\_\_ (Circle One)\_ Male / Female

Known Allergies (include reaction): \_\_\_\_\_

Medical/Surgical History \_\_\_\_\_

**Please circle all over the counter medications we may give your child if needed:**

**All            Tylenol            Motrin/Ibuprofen/Advil            Pepto Bismol            Zyrtec            Benadryl**

Please list your child's daily medications with dosage across the top & put an X in each box to indicate what days & times he/she will need to take them. Please **DO NOT** send medications your child can be without for this trip or medications they take as needed if they are listed above. I.e. multivitamins, motrin for headaches if needed, etc.

**Thank you!**

Medication Name & Dosage:				
5/30 Lunch				
5/30 Dinner				
5/30 Bedtime				
5/31 Brkfst				
5/31 Lunch				
5/31 Dinner				
5/31 Bedtime				
6/1 Brkfst				
6/1 Lunch				
6/1 Dinner				
6/1 Bedtime				
6/2 Brkfst				

If you need to add more medications than the grid provides, please write them on a separate piece of paper.

Other helpful information about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_