

PRETEEN CAMP 2019 MEDICATION INFORMATION FORM

Child's Name _____

Date of Birth _____ Male/Female

Church Name _____

Grade Completed as of May 28, 2019 _____

Father: _____

Mother: _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Other Emergency Contact Name & Phone #: _____

Known Allergies (include reaction): _____

Medical/Surgical History: _____

Please circle the 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 medication, dosage and the time of day it needs to be given. Please **DO NOT** send medications your child can be without for this trip. I.e. multivitamins, etc. Please **DO NOT** send any of the medications listed above. We will have all of those available to your child as needed. Thank you!

Medication Name	Dosage	When to be given (ie. breakfast, lunch, dinner, bedtime)

If you need to add more medications than the grid provides, please write them on the back.