



Church: _____

_____ Campers Last Name

_____ Campers First Name

Age: _____

Grade: _____

Medication Authorization

Please send only medications that are absolutely necessary.

Medications must be in the original container, in a zip-lock bag, accompanied by this form.

I, the parent/legal guardian of the camper named on this form give my permission for the church sponsors to:

- Dispense Acetaminophen (Tylenol) or Ibuprofen (Advil) to camper for headache, fever or minor pain;
- Dispense Benadryl or generic equivalent to camper for allergic reactions;
- Dispense Tums, Kaopectate or Pepto Bismol for upset stomach;
- Dispense antibiotic ointment(such as Hydrocortisone Cream) for minor injuries;
- Dispense prescription or other over-the-counter medication designated by and produced by the parent/guardian or family physician.

I understand that CrossTimbers staff, camp nurse, or church sponsors shall not be liable to the student, parent, or guardian of the child for civil damages for any personal injuries to the student, which result from acts or omissions in administering any medication while at camp.

Today's Date: _____

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Emergency Day Phone/Night Phone

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____

Name of medication: _____

Reason for medication: _____

Dosage and time to administer: _____

Side effects to report to parents: _____

Side effect requiring immediate medical attention: _____