

# SOCAL CAMP MEDICAL/MEDICATION ADMINISTER FORM

This form must be completed by the Parent/Guardian of ALL campers, with or without medication. If camper is 18, they may fill out the form. **The only intended recipient is the camp's nursing office, please do not give this form to any other 3rd party.**

Name of Camper: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age: \_\_\_\_\_ Church/Group: \_\_\_\_\_

Asthma: YES | NO  
Lactose Intolerant: YES | NO  
Heart Disease: YES | NO  
Convulsions: YES | NO  
Diabetes: YES | NO  
Are all shots current and up to date for Camper? YES | NO

Allergies (food, medications, animals, insects, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **MEDICATION MUST BE SENT IN THE ORIGINAL PHARMACY CONTAINER**

Please list medications being sent and written Instructions of how and when medication is to be administered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_