

PCBA CAMP HEALTH INFORMATION AND MEDICATION FORM:

Health Information:

Emergency Contact/Telephone: _____

Primary Care Physician/Telephone: _____

Please list all allergies (medication, foods, bee stings, etc.)

Does camper have asthma? _____

Is camper up to date on immunizations? _____ Is camper's tetanus shot current? _____

Please list any medical conditions/concerns that we need to be aware of:

I give the personnel of Phelps County Baptist Association Camps permission to administer the following over-the-counter medications as needed:

___ Tylenol ___ Ibuprofen ___ Benadryl ___ Caladryl Lotion ___ Cough Drops ___ Orajel
___ Topical Antibiotic Ointment (Neosporin) ___ Sunburn (Lidocaine) Spray
___ Hydrocortisone Cream

In the event that I cannot be reached in an emergency, I hereby give permission for the **physician selected** by the Camp Director or Camp Administrator, to secure proper treatment, to order injections, to hospitalize, and/or to authorize anesthesia or surgery for my child, named above.

Please provide signatures from both parents/guardians.

Parent/Guardian Signature

Parent/Guardian Signature

Please complete the form on the following page for ALL current medications, prescription & non-prescription.

*All medications must be in original bottle or container with pharmacy label and name of doctor.

*DO NOT pre-dose your child's medication.

PCBA CAMP MEDICATION FORM (if needed)

For the safety of each camper, all medication, prescription or non-prescription drugs, will be held at the camp nurse’s station and administered by the camp nurse. In the absence of the camp nurse, medication will be administered by the camp director or the camp administrator.

Camper: _____ Parent Phone # _____

Church/City _____ Alternate Phone # _____

***All medication must be in its original prescription bottles. Do not pre dose your camper’s medication.**

***Please fill out left side of table with medication, dose and time.**

Name of Medication	Dosage	Time	Signature and Time Administered (Nurse Use Only)				
			Monday	Tuesday	Wednesday	Thursday	Friday

Comments/Instructions: _____

Parent/Guardian:
 I, _____, Parent/Legal Guardian of _____
 authorize the camp nurse/camp director/camp administrator to administer the medications listed above.
 I authorize the camp staff listed above to consent to medical treatment when either my emergency
 contact or I cannot be reached. I understand that every effort will be made to contact me before such
 action.

 Parent/Guardian Signature Date

 Camp Nurse Date