



Summer Youth Leadership Retreat

MEDICATION ADMINISTRATION FORM 2021 (Must Accompany All Medications)

All medications must be accompanied by this authorization form and given to the Character Camp Medical Staff who will be responsible for bringing all medication and forms to the retreat.

- Place all medications in a large Ziploc bag with your child's name clearly written on the bag in permanent ink.
- Prescriptions must be in the original container with the campers' name and the current dosage.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- If your child/youth requires an asthma inhaler or antidote for insect bites or allergies (prescribed by doctor), please have them bring at least two (2) to camp. The medication must be registered with our Medical Staff. One (1) of these will be kept and closely guarded by camper and one (1) of these given to the Medical Staff. Similar special cases must be discussed with the Medical Staff.
- The expiration date of any medication cannot be earlier than the last scheduled day of camp.

Name: _____ Birth Date: ____/____/____ Age: ____ Sex: ____

As the parent or legal guardian of the above-named child, I give my permission to the Character Camp Medical Staff to administer as prescribed by law the listed below medication to my child.

X _____ (_____) _____
Parents/Guardian Signature Date Phone Number

As an Adult Camper/Sponsor/Staff, I give my permission to the Character Camp Medical Staff to administer as prescribed by law the listed below medication to me during my participation with Character Camp.

X _____ (_____) _____
Adult Camper/Sponsor Staff Signature Date Phone Number

| Medication | Form (tablet, capsule, liquid, inhaler) | Dosage (amount to be given) | Frequency (how often) | Purpose | Comment or Special Instructions |
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