

Medication Instructions and Information - Please read thoroughly! - Name: _____

Please send ALL medication in the original Pharmacy labeled bottles. DO NOT put medication into daily pill boxes. PLEASE MAKE SURE YOU SEND ENOUGH MEDICATION FOR THE WHOLE WEEK! Over the counter medication such as Tylenol or Ibuprofen will be provided at the health center. Any over the counter medication brought to camp must be in the original manufacturer containers.

This form is to be filled out completely, placed in a Zip Lock bag with all bottles of Medication and delivered to the Nurse's Station during check-in. DO NOT MAIL THIS FORM BACK! Please bring it with you to camp. Review with Clinic Staff. Name of person receiving the medication: _____ (A form MUST be filled out for each individual person for medication) **Current Height** _____ **Current Weight** _____ **Age at Camp** _____

Name of Medication	Dose	Time of Day	Special Instructions, ie. pills crushed in applesauce

If the camper has an indwelling central line, send all supplies such as bandages, heparin, tubing, and the medication to be infused. BE SURE to send extra bandage supplies in case the camper sweats and we are required to change the dressing more frequently. **If your child has IV, mediport or SQ medications, send ALL supplies for the infusion or injection (syringes, tubing, caps, needles, heparin, etc).

We must have a written physician's orders to administer injectable medications. Attach the orders to this form! **

Name of Injectable Medication	Instructions	Signature of Parent who attached the written physician's orders for this form

I have read the above instructions carefully and have filled out the information on medications for my child. I give permission for the camp medical team to administer the medication as instructed above. I also give permission for members of the camp medical team to give over the counter medication as needed for my child. The medical team has permission to assess and give treatment as necessary for the medical care of my child. In an emergency, I give permission for X- rays, routine tests and medical treatment as deemed necessary by the physician or medical personnel chosen by the camp personnel. I understand that I will be notified in the event of emergency medical treatment and that the cost of such medical care is my responsibility.

Signature _____ (Parent must sign for anyone under 18 years of age)

Camper Guidelines

Striving for a safe and fun Camp Blessing Texas experience

Following instructions and respecting authority of the staff and volunteers is vital to the success and safety of the camp program. It is expected that each camper will follow these simple rules to be best of their ability level. We realize the varying range of campers we serve will mean that these rules are guidelines to be used with each child, based on their ability to interpret and follow the rule.

1. Campers are to be within arms length of their "buddy" at all times.
2. Each person has a personal space that must be respected.
Do not touch another person in any way, without their permission.
3. Respect others' property. Never borrow or move the personal items of another person, without their permission.
4. Food attracts insects; therefore do not have food in your cabin area.
5. Smoking and alcoholic beverages are not allowed at any area of the campgrounds.
6. Chewing gum is not allowed on the campgrounds.
7. Swimming is allowed only during designated times when lifeguards are on duty.
8. Activity areas at camp are to be utilized only during specified times when camp staff is available to supervise the activity.
9. Never get in bed with another camper, staff, or volunteer. Beds are for single use at all times.
10. Cell phones and video games are not allowed at camp.
11. Never enter the lake area or pool area unless camp staff is on duty.

ALL Campers must be Fever Free for at least 24 hours prior to arriving at camp.

Campers Name (print)

"I understand that part of the camping experience involves activities and group living arrangements and interactions that may be new to my child. These experiences come with certain risks and uncertainties my child may not be used to dealing with. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is as familiar with these rules as possible and he or she will obey them to the best of their ability." By signing below you agree to discuss these guidelines with your camper(s) and you agree to help your camper(s) uphold these guidelines to the best of their ability.

Signature of Parent or Guardian

Signature of Camper (if > 18yrs and able)

Date _____