

Pine Lake Fellowship Camp Medication Sheet

FILL OUT AND BRING THE FIRST DAY OF CAMP

Name of Camper

Notes: _____

Allergies: _____

Medicines to be given during camp:	Purpose	Dosage	Time to be given

Note: Health Department regulations require all prescription medications to come in original containers with the name of the medication and the camper's name. It must clearly show the dosage time, frequency, and route of administration. A start and end date (or ongoing) should be indicated. **The PLFC nurse will not administer medications unless the original prescribed bottle is provided.** All medicine is to be placed in a zip lock bag with the child's name clearly written on the bag. PLFC provides standard over-the-counter medications (Ibuprofen, Tylenol, Tums, etc.)



Signature of Parent/Guardian: _____ Date: _____