Lamine Baptist Association Camp

Prescription Dispensing Form

Campers Name: _____
Youth Camp _____ Children's Camp _____ (choose one)
Grade _____ Age ____ Cabin # _____ Male___ Female___
Cabin Leader Name _____

Medical Conditions:
_____
_____
List Allergies/Common Side Effects/Precautions
_____
_____
_____
_____

Staff Adminstering Medication	Initials

Medication Name and Dose	Used For:	Frequency	Monday	Tuesday	Wednesday	Thursday	Friday
		Breakfast					
		Lunch					
		Dinner					
		Bed Time					
		Breakfast					
		Lunch					
		Dinner					
		Bed Time					
		Breakfast					
		Lunch					
		Dinner					
		Bed Time					
		Breakfast					
		Lunch					
		Dinner					
		Bed Time					

Authorization for staff to adminster Medication to my Child
Signature _____ Date _____

Acknowledgement of medication picked up on the last day of camp
Signature _____

All medication must be in its original containers (No Exceptions!)