

The Church at Rock Creek Prescription Form

Student Name _____ Date of Birth _____

Section 1 – Prescription Medicines

Please fill in the chart for any prescription medicine to be taken at camp. All youth prescription medicine must be turned in during check in in Zip Lock Bag, labeled. Prescriptions will be secured with and dispensed by the Camp Medical Director.

Prescription One _____

Dosage _____

Times to be taken _____

Prescription Two _____

Dosage _____

Times to be taken _____

Prescription Three _____

Dosage _____

Times to be taken _____

Section 2 – Over the Counter Medicines

The Following is a list of over-the-counter medications that may be available & dispensed by the Event Leader and/or Camp Medical Director. Please check EACH ONE if this patient may **NOT** receive these medications.

- _____ Caldecort/Cortisone cream to affected area PRN minor pain or discomfort.
- _____ Acetaminophen, minor pain or discomfort.
- _____ Ibuprofen, minor pains or discomfort.
- _____ Benadryl, minor allergic reaction.
- _____ Neosporin/Bacitracin Antibiotic Ointment apply to minor cuts/abrasions.
- _____ Caladryl/Calahist lotion apply to affected area for minor itching.

Section 3– Emergency Prescriptions (Epi-pen, Rescue Inhaler, etc.)

Complete this section ***ONLY IF*** your child needs to carry emergency prescriptions with them at all times.

(please initial)

_____ This is to certify that the above named student must carry the following emergency medication with him/her during the event: _____

_____ They have been trained by their physician on the proper use of the medicine.

_____ The student understands that they must report any usage to the camp medical officer immediately.

_____ I agree to update The Church at Rock Creek if any adjustments have been made to any and all prescriptions listed above.