

Lakeview Baptist Assembly
Camps-Conferences-Retreats

Medication
Release/Administration Form

Lakeview requires that all sponsors/campers who need medication during their attendance at camp must do the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Lakeview.
2. Bring the medication **IN THE ORIGINAL BOTTLE** (prescription or over-the-counter), properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the nurse upon arrival on campus and abide by his/her instructions for administration.
4. If more than one medication is to be administered, a separate form is to be completed and signed for each medication.

Medication Information for:

Name: _____ Birth date: _____ Sex: ____M ____F
(Month/Day/Year)

Church group student came with _____
(Church Name) (Church City & State)

Name of medication _____

Purpose for medication use (e.g. allergies, asthma, antibiotic) _____

Form of medication: ____Tablet ____Pill ____Capsule ____Liquid ____Inhalation
____Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

As the parent or legal guardian of the above child, I hereby give permission for the camp nurse or administration to administer this medication to my child.

Parent/Guardian signature () - () - _____
Daytime Phone # (include area code) Evening Phone # (include area code) Date

FOR OFFICE USE ONLY

Day	Date	Time Given/ Person Administering			
		Dose 1	Dose 2	Dose 3	Dose 4
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Please indicate at the left, time and your initials each time medication is administered. Each person administering medication should indicate full name and title in space below.

Initial _____ = Name _____

Initial _____ = Name _____

Initial _____ = Name _____

Initial _____ = Name _____

Notes or comments: _____