

MEDICATION RELEASE / ADMINISTRATION

Church/Group: _____

Pine Springs Baptist Camp

Dates Attending: _____

3386 FM 1798 W, Laneville, TX 75667, Phone: 903-863-5524

Sponsor's Name: _____

1. Complete the consent below, signed by parent or legal guardian for administration of medication while the student attends camp at Pine Springs.
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:

Last Name: _____ First Name: _____ DOB: _____ Gender: _____

Name of Medication: _____

Purpose for Medication Use (e.g. allergies, asthma, antibiotic): _____

Form of Medication: Tablet ___ Pill ___ Capsule ___ Liquid ___ Inhaler ___

Other _____

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.

Signature: _____ Date: _____

Printed: _____ Phone: _____

----- FOR NURSE 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: _____