RIVERPOINTE

Official Use Only
Counselor:
Dorm:

Summer Camp Medication Administer Form

This form must be completed by the parent/guardian of any camper with medication.

First Name _____ Last Name _____

Church Name _____

Group Leader _____ Age _____

Please Select Which Camp Attending

- ☐ **Camp Adventure:** **July 7-10**
- ☐ **Camp Journey:** **JULY 12-16**
- ☐ **Camp Discover:** **JULY 19-23**
- ☐ **Camp Inspire:** **JULY 26-31**

PLEASE LIST THE MEDICATIONS BEING SENT AND WRITTEN INSTRUCTIONS OF HOW AND WHEN MEDICATION IS TO BE GIVEN.

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May camp staff administer Tylenol if needed for fever or minor pain? **YES NO**

Parent/Guardian Name: _____

Phone Number(s) you can be reached if nurse has any questions:

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Prescription medication needs to be in the original bottle, with only the amount needed for the camper's stay at River Pointe. All prescription bottles should come in a Ziploc bag with the camper's name written on it.
Over-the-counter medication brought to camp **WILL NOT** be accepted at check-in. Designated medical professionals are available at the nurse's station to dispense over-the-counter medication as needed.