

Camp Kateri Tekakwitha 2020

All Camps are Held at: PRAIRIE STAR RANCH 1124 California Road, Williamsburg, Kansas 66095

MEDICAL INFORMATION

**BRING FORM TO CAMP
DO NOT MAIL**

CAMPER: _____ **CAMP SESSION/DATE:** _____

ADDRESS: _____ **GENDER:** M / F **AGE:** _____ **GRADE:** _____

DIRECTIONS: Medications should be placed in a Ziploc bag with your child's first and last name clearly written with a sharpie. Prescription medications must be in original container. The Ziplock bag, and all other medication (prescription and non-prescription) will be collected at registration and dispensed by the assigned team person. Youth may not keep ANY medication.

Med: _____	Dosage: _____
Special Instruction: 	AM: _____ Noon: _____
	Dinner: _____ Bed: _____
	As Needed: _____

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Special Instruction: 	AM: _____ Noon: _____
	Dinner: _____ Bed: _____
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OVER-THE-COUNTER MEDICATION PERMISSION FORM

Listed below are all over-the-counter medications that are available for campers on an as needed basis. Please ***INITIAL*** next to the medications that your child may receive if needed. Each camper must have a form signed by his/her legal parent guardian. Please bring form to registration along with Health Exam Waiver. Do not mail.

<input type="checkbox"/> Tylenol	<input type="checkbox"/> Eye drops	<input type="checkbox"/> Non-drowsy allergy relief
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Tums	<input type="checkbox"/> Cough drops
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Imodium	<input type="checkbox"/> Laxative
<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Cough syrup	<input type="checkbox"/> Dayquil/Nyquil
<input type="checkbox"/> Decongestant	<input type="checkbox"/> Anti-Itch cream	<input type="checkbox"/> Calamine lotion

By signing this document I am consenting that my camper may receive any medication initialed above by the assigned Camp Kateri Tekakwitha adult staff member.

Camper Name

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (Printed)

Date