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 childspfirst 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 <u>ANY</u> medication.

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

Med:	Dosage:	
Special Instruction:	AM:	_ Noon:
	Dinner:	_Bed:
	As Needed: _	

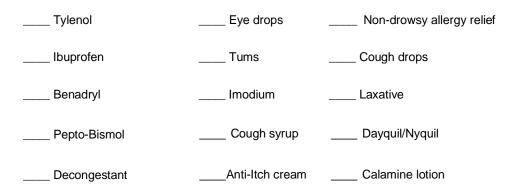
Med:	Dosage:
Special Instruction:	AM: Noon:
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	Dinner: Bed:
	As Needed:

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.



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