

Camp Kateri Tekakwitha 2023

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.

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

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

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| Special Instruction: | AM: _____ Noon: _____ |
| | 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 this form to registration along with Camper Health Information Form and Camper Information Activity Waiver. Do not mail.

| | | |
|------------------|---------------------|-------------------------------|
| ___ Tylenol | ___ Eye drops | ___ Non-drowsy allergy relief |
| ___ Ibuprofen | ___ Tums | ___ Cough drops |
| ___ Benadryl | ___ Imodium | ___ Laxative |
| ___ Pepto-Bismol | ___ Cough syrup | ___ Dayquil/Nyquil |
| ___ Decongestant | ___ Anti-Itch cream | ___ 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