

Prescription Medication Form

Eastminster Presbyterian Church

All students must complete and return this form before they are able to attend EACH retreat. **We cannot dispense Acetaminophen/Ibuprofen without this form.** All students should turn in clearly marked prescription medications upon arrival.

Date: _____

Name of Camper: _____

Name of Parent or Guardian: _____

Home Phone #: _____ Cell #: _____

Medical or other allergies: _____

Medication to be taken during event:

1) Name: _____ Dosage: _____

Time to be taken: _____

2) Name: _____ Dosage: _____

Time to be taken: _____

3) Name: _____ Dosage: _____

Time to be taken: _____

4) Name: _____ Dosage: _____

Time to be taken: _____

My child may be given Acetaminophen: Yes No

My child may be given Ibuprofen for minor pain/headache: Yes No

I hereby give permission for this medical information to be shared on a need to know basis.

Parent or Guardian Name

Witness Name

Parent or Guardian Signature

Witness Signature

Date

Date