

MEDICATION FORM

For the safety of each camper all medication, prescription and/or non-prescription, will be held at the camp infirmary. Medication will be administered by camp medical personnel who are on duty 24 hours a day.

If you need to send medication to camp:

1. Use a separate form for each medication. Additional forms available online at www.fbcfirstkids.com.
2. Put the medicine and completed form below in a ziplock bag. Be sure the form is visible.
3. DO NOT send any medication that is not absolutely necessary.



PUT THIS FORM IN A ZIPLOC BAG WITH THE MEDICATION

Only one medication per Ziploc Bag. Form must be completely visible.

This medication belongs to: _____
of FIRST BAPTIST CHURCH COLLEGE STATION

Medication: _____

Dosage: _____ Allergies: _____

Time of day: Morning (breakfast) Afternoon (lunch) Evening (dinner)
 Bedtime As needed Other: _____

Parent's Name: _____

Day Phone: _____ Night: _____

Doctor's Name: _____ Phone: _____

--- Fold along this line ----- Fold along this line ---

NURSE USE ONLY	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch					
Dinner					
Bedtime					