

## Grace Family Church – Clash Camp 2024 Medication Form

Dear Parents,

If your child requires prescription medication or non-prescription medication while at Clash Camp, please complete this form.

- Written permission must be given and signed by the parent or guardian.
- All medication will be kept by the nurses for dispensing.
- Medications must be in the original labeled containers with complete instructions.
- Label all non-prescription medication with your camper's name.
- Place medication in a gallon-size zip-lock bag.
- Upon arrival for camp drop-off, give medication and this form to the nurses.

I give permission for my child, \_\_\_\_\_ to receive the following prescription or non-prescription medications while at Camp Kulaqua.

	Medication Name	Reason	Dosage	Times to be Taken
1				
2				
3				
4				
5				

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**\*\*\*\*ALL MEDICATION MUST BE IN ORIGINAL CONTAINERS AND IN A GALLON-SIZE ZIP-LOCK BAG\*\*\*\***