

MEDICATION REGISTRATION
ONLY for those bringing medication

Bring medication and this form in a gallon-sized (or appropriate size) storage bag with your child's name on the bag.
ALL medication, including over-the-counter, MUST be turned in to the nurse at check-in.

- Medication must be in its original container
- Prescriptions must have the child's own name on them.
- The nurse has a supply of basic over-the-counter medication for the occasional need.

Child's Name: _____

Cabin #: _____

Nurse will fill in cabin #.

Birth Date: ___/___/___

Age while at camp: _____

Medication #1: _____ Reason for taking: _____

How much to give? _____

When? (schedule of doses) _____

Medication #2: _____ Reason for taking: _____

How much to give? _____

When? (schedule of doses) _____

Medication #3: _____ Reason for taking: _____

How much to give? _____

When? (schedule of doses) _____

Medication #4: _____ Reason for taking: _____

How much to give? _____

When? (schedule of doses) _____

(If additional spaces are needed you may copy this page or write on the back.)

I give permission for personnel chosen by Camp Gilead to administer these medications to my child as written above.

Parent/Guardian Signature: _____ Date _____