MEDICATION ADMINISTRATION FORM

(ENCLOSE THIS FORM WITH THE MEDICATION (S)
YOU BRING WITH YOU IN A ZIP LOCK BAG LABELED WITH THE CAMPER'S NAME)

Briarwood requires that all campers who need medication during their stay at camp comply with the following:

1. Complete and present the consent below, signed by parent or legal guardian for administration of medication while the camper attends a Briarwood sponsored camp session.
2. Bring the medication in the **ORIGINAL CONTAINER (prescription or over-the-counter),** properly labeled as prescribed by law.
3. Present this form and the medication indicated on this form to the Briarwood Medical Staff person upon arrival at camp with the additional enclosed medical history forms.

Name: _____ Birthdate: _____/_____/_____ Age: ___

Sex: Male ___ Female _____ Grade: _____

Known Allergies: _____

As the parent or legal guardian of the above-named child, I give my permission to the enlisted Briarwood Retreat Center Medical Staff to administer as prescribed by law the listed below medication(s) to my child.

_____ _____ (_____) _____ (_____) _____
Parent/Guardian Signature Date Daytime Phone # Evening Phone #

Name of Medication: _____

_____
Purpose for medication use (e.g. allergies, asthma, antibiotic)

_____
Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)

_____
Dosage (amount to be given): _____How often or at what time: _____

Remarks or special instructions: _____

Name of Medication _____

_____
Purpose for medication use (e.g. allergies, asthma, antibiotic)

_____
Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify)

_____
Dosage (amount to be given): _____How often or at what time: _____

Remarks or special instructions: _____

Name of Medication: _____

_____
Purpose for medication use (e.g. allergies, asthma, antibiotic)

Form of medication: ___ Tablet ___ Pill ___ Capsule ___Liquid ___ Inhalation ___ Other (specify) _____

Dosage (amount to be given): _____ How often or at what time: _____

Remarks or special instructions: _____

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication. All Medication Release Forms and medication(s) to be administered should be given to the Briarwood Medical Staff Person upon arriving at camp. When the camper arrives at camp, the parent/guardian will be responsible for bringing all medications and forms to the camp registration area. The Forms will be reviewed by our Medical Staff to clear up any possible questions about medications or their administration. Parents should emphasize to their child their responsibility of reporting to the camp medical person to receive their medications as prescribed.