IMPORTANT THIS SIGNED AUTHORIZATION MUST ACCOMPANCY MEDICATION

Medication Administration Form

First Baptist Church of San Antonio requires that all campers who bring medication to camp comply with the following:

1. Complete this Medication Administration form in its entirety. If camper is under 18 years of age, the signature of their parent or legal guardian is required for administration of medication.
2. All medication **(prescription or over-the-counter),** must be in the **ORIGINAL CONTAINER** properly labeled as prescribed by law.
3. Present this form AND the medication listed to the FBCSA Staff upon arrival on campus and abide by his/her instructions for administration.

CURRENT MEDICATION INFORMATION:

Name: _____ Birthdate: _____/_____/_____ Age: ___ Sex: ___ Male ___ Female

Church group student came with: _____ Church City & State: _____

As the parent or legal guardian of the above-named child, I give my permission to the enlisted FBCSA Staff or sponsors to administer as prescribed by law the listed below medication to my child.

_____ _____ (_____) _____ (_____) _____

Parents/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 Administration Forms and medication (s) to be administered should be given to the church Contact Person prior to arriving at camp. **DON'T PUT IN THE SUITCASE.** When the church group arrives at camp, the Contact Person 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.

To make it easier for the church Contact Person, the parent/or student should put their RX bottles of medications and Medication Form in a zip-lock type plastic bag with the student's name and church written with a marker on the outside of the bag. Parents should emphasis to their child(ren) their responsibility of reporting to the camp Health Center for their medications while at camp.