

## Virginia Camp Registration

Camper Name:

DOB:

**Virginia Camping Ministry**  
**Medication Permission Form**

**A separate form must be completed for each medication to be given.**

Camper Name (Last, first):		Date of Birth:
Camp:		Camp Dates:
Allergies:		
Medication:		
Dosage:	Route of Administration:	Times of Administration:
Reason for Medication:		
Special Instructions /Possible side effects of medication:		

As the parent or legal guardian of the above child, I hereby give permission for the Camp Nurse or designated staff to administer the medication listed above to my child while at camp. I understand that Craig Springs staff are not responsible for the effects of the medication administered.

PARENT /

DATE \_\_\_\_\_

GUARDIAN: \_\_\_\_\_

**Clinic Use Only****MEDICATION ADMINISTRATION: Document time and initial**

Date:	Date:	Date:	Date:	Date:	Date:
Time/initials	Time/initials	Time/initials	Time/initials	Time/initials	Time/initials
Time/initials	Time/initials	Time/initials	Time/initials	Time/initials	Time/initials
Time/initials	Time/initials	Time/initials	Time/initials	Time/initials	Time/initials
Time/initials	Time/initials	Time/initials	Time/initials	Time/initials	Time/initials

Date Medication Received:	Amount Received:	Parent/Guardian Initials _____	Expiration Date:
		Nurse Initials: _____	
Date Medication Returned / Wasted	Amount returned or wasted	Parent / Witness Signature: _____	
		Nurse Initials: _____	