

Maury Christian Camp Medication Form

Please print out this form and bring the completed form to Camp Registration.

Name:	Age: Wt:
Emergency Contact:	Phone:
Emergency Contact:	Phone:

PLEASE LIST ANY FOOD OR DRUG ALLERGIES:

PLEASE FILL OUT BELOW FOR ALL MEDICINES YOU ARE BRINGING TO CAMP:

<u>MEDICATION</u>	Reason for Taking	Dose	How Often / Time(s) of day taking	Form (Liquid,Pill, Injection)	Special Instructions

Do not mark below. To Be Filled Out By Nursing Staff.

Cabin: _____ Counselors: _____

Sports Team Captains: _____