

# Instructions for Completing the MEDICATION ADMINISTRATION Form (reverse side)

## **DO NOT MAIL THE MEDICATION ADMINISTRATION FORM SEND THE COMPLETED FORM TO CAMP WITH CAMPER and MEDICATION**

Highland Lakes Camp, *in keeping with Texas Department of State Health Services Rules*, requires that all students **AND** adults who need medication during their stay at camp comply with the following:

- ◆ **ALL** medications, prescription & over the counter, must be in the **Original bottle**.
- ◆ Prescription medication must be properly labeled, if dosage on the bottle is different than what is to be given then a note from the doctor must accompany the medication with current instructions.
- ◆ Over the counter medication will be given according to the directions on the label (ie: age appropriate, amount, time intervals) unless accompanied by a note from a doctor stating otherwise.
- ◆ PLEASE put medication(s) and this completed form in a zip-lock type plastic bag with the camper's name, church and city written with a marker on the outside of the bag.
- ◆ **DO NOT** pack medications in the suitcase. ***All Medication Forms and medication should be given to the church Contact Person the day of departure to camp. These will be collected and reviewed by the HLC Medical Staff at camp check in.***
- ◆ HLC Medical staff requests that you NOT send over the counter medications such as Tylenol, Ibuprofen, Benadryl or antihistamines. HLC stock an assortment of over the counter medications for the occasional need.

If necessary, make additional copies of the Medication Administration Form in order to provide requested information for each medication. This Form will be reviewed by our Medical Staff and you will be called if there are any questions as to the administration of medications.

If you have any questions about sending medication to camp please call our Health Center 512-264-1777 x 7425

Parents should emphasize to their child it is the **CHILDS responsibility** to go to the *health center to take their medication.*

# Medication Administration Form

## CURRENT MEDICATION INFORMATION:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 Highland Lakes Medical Staff to **administer as prescribed by law** the listed below medication to my child.

\_\_\_\_\_  
Parents/Guardian Signature Date (\_\_\_\_) Daytime Phone # (\_\_\_\_) Evening Phone #

**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): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

**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): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

**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): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

**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): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_

**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): \_\_\_\_\_ time: \_\_\_\_\_

Remarks or special instructions: \_\_\_\_\_