

## MEDICATION FORM

CAMPER NAME \_\_\_\_\_ CAMP \_\_\_\_\_

CAMP GRADE \_\_\_\_\_

All medication must be checked in at the Medical Table the day of camp. Please bring all prescription medication, over-the-counter, and non-prescription drugs taken **routinely** by your child at check in. Bring enough medication to last all week. **PLEASE KEEP ALL MEDICATION IN THE ORIGINAL CONTAINER. ALL PRESCRIPTION MEDICATIONS SHOULD BE IN A PHARMACY LABELED CONTAINER WITH THE CAMPER'S NAME ON IT.** Please complete the box below if camper requires any regular medication.

Medication	Reason	How to Give it

**By His Design Ministries has permission to administer the following medications as needed:**  
(Please INITIAL beside each medication we may give to your child.)

\_\_\_\_\_ Ibuprofen (i.e. Advil)

\_\_\_\_\_ Acetaminophen (i.e. Tylenol)

\_\_\_\_\_ Diphenhydramine Hydrochloride - Antihistamine (i.e. Benadryl)

\_\_\_\_\_ Antacid (i.e. Maalox, Tums)

\_\_\_\_\_ Topical creams (i.e. hydrocortisone cream, triple antibiotic ointment, calamine lotion)

\_\_\_\_\_ Swimmer's Ear drops after pool time

***I hereby give my permission to By His Design Ministries, Inc. staff to administer over-the-counter and/or regular medications to my camper as needed.***

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please mail Packet to:  
BHDM  
225 Crepe Myrtle Ln.  
Murphy, TX 75094