

## SCHEDULED MEDICATION FORM

All prescription and non-prescription medications must be kept in the First Aid Station for administration in accordance with the physician's prescription and parents instructions listed on this form, with the exception of asthma inhalers (prescribed by Doctor) and antidote for insect bites. **Campers are not allowed to keep or self administer any medications according to the Texas Department of Health.** If your child requires a Prescription or non-Prescription medication while at camp please complete this form. List any medical problems, medical alerts, allergies or other pertinent health information on the Medical Information form.

**Please make sure this form is completed and enclosed in a large zip lock baggie with the medications in the original container(s) No medications can be given unless they are in the original container per Texas Dept of Health regulations. Remember to mark the baggie with your child's first and last name and grade/gender.**

**CAMPER NAME** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Ph#: \_\_\_\_\_ Alt Ph#: \_\_\_\_\_

Dr's Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

*(parent/guardian to complete)*      *(camp nurse/medic to complete)*

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday

All medications should be listed whether Over the Counter or Prescription. If your child takes meds with food or after lunch or needs other special instructions, please note below. If your child has difficulty taking medication, please note below giving the Camp Health Officer the best way to administer the medication to your child.

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**AS NEEDED MEDICATION FORM**

**CAMPER NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_

**By His Design Ministries has permission to administer the following medications as needed:**

*(Please INITIAL beside each medication we may give to your child if needed.)*

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

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

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

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

\_\_\_\_\_ 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 prescription medications to my camper as prescribed or as needed.**

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

These forms can be mail prior to camp to:

BHDM

225 Crepe Myrtle Ln.

Murphy, TX 75094

These forms **must** be filled out by every camper regardless if they have prescription medications or not.  
Please see the Camp Nurse at check in if you need to update this form.

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