

ChapelWood Baptist Church

Medication Information

Child's Name _____

Name of Parent/Guardian _____

Phones: Home () _____ Work () _____ Cell () _____

Doctor's Name _____ Dr.'s Phone () _____

Allergies _____ DOB _____

Medication Name _____ N

Dosage _____ U

Time to be Given _____ R

Reason for Medication _____ S

Quantity sent to Camp _____ E

Relevant Side Effects _____

Comments _____

Time	Fri.	Sat.	Sun.

I, the undersigned, as the parent/guardian of the child named above, request that my child be given the above noted medications - both prescribed and over-the-counter, in accordance with the instructions as indicated above. I understand that ChapelWood Baptist Church is not legally obligated to administer medication to my child, and therefore, I agree to hold ChapelWood, it employees, members and associates free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them. I will notify the church immediately is any medical or contact information changes before or while my child is at camp.

Parent/Guardian Signature: _____

Date: _____

Medication Name _____

Dosage _____ N

Time to be Given _____ U

Reason for Medication _____ R

Quantity sent to Camp _____ S

Relevant Side Effects _____ E

Comments _____

Time	Fri.	Sat.	Sun.

Medication Name _____ N

Dosage _____ U

Time to be Given _____ R

Reason for Medication _____ S

Quantity sent to Camp _____ E

Relevant Side Effects _____

Comments _____

Time	Fri.	Sat.	Sun.

Medication Name _____ N

Dosage _____ U

Time to be Given _____ R

Reason for Medication _____ S

Quantity sent to Camp _____ E

Relevant Side Effects _____

Comments _____

Time	Fri.	Sat.	Sun.