

# 2014 Camp #inTENTCity Event Medication Form

Please complete this form for **all medication(s)** your child will be taking as needed, *including over-the-counter medications* for headaches or cold, inhalers, etc.

**NOTE:** This form must accompany your child to the youth event **only if** he/she is taking any medication. **Please read the following information** related to the "Medication Policy." Your signature below indicates that all information provided on this form is correct and you understand the medication policy.

### Medication Policy

Youth under 18 years old **will not be allowed** to keep ANY medicines with them. All medications submitted at the event registration **must** be in the **ORIGINAL CONTAINER** with the youth's (or teen's) name **printed on the bottle**. Zip-lock bags, other bottles, bottles printed with someone else's name, or any other type of container besides the original, **will not be accepted**. Actual dosage listed on the bottle must be followed **unless** there is a written note from the prescribing doctor outlining different indications. **THERE WILL BE NO EXCEPTIONS TO THIS POLICY.**

**I have read and understand the above policy.**

<b>Date</b>	<b>Parent/Guardian Printed Name</b>	<b>Parent/Guardian Signature</b>
<b>Day Phone</b>	<b>Evening Phone</b>	

<b>Participant's Name</b>					
<b>Medication Name</b> (include any special instructions)	<b>As Needed</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Bedtime</b>

**FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.**

### Medication Release

My signature below indicates that I have picked up all medications from the Camp staff person following the completion of the event.

	(Do not sign this line until you pick your child up from the event.)
<b>Date</b>	<b>Parent/Guardian Signature</b>