Silver State Baptist Youth Camp **Medication Form**

Camper's Last Name Name of Church Camper is coming with				First Name			Date o	Date of Birth Ag		
				to camp	Ch	urch Lo	ocation City		State	
origina	ments, and	rs. Items i	not listed	will not be	while at given. A	camp.	L medication All medication C medications	ns must be	in their	
Medica	Medication Name			Dosa	ge I	Route	Frequency	Diagnosis		
*Signat	ure of Prima	ary Care Pi	ovider (M	D, DO, PA,	NP)			Date		
Signat	ure of Parer			lver State Ba	aptist Youth	ı Camp l	Nurse Use Only	Date	_	
Monday Tuesday				Wednes	dav	Thu	rsday	Friday		
Гіте	Initial	Time	Initial	Time	Initial	Tim		Time	Initial	
Camp Nurse's Signature							Medication Returned Date			

^{*}Must have signature of Care Provider as well as Parent or Guardian signature.