



Butler Springs Christian Assembly & Retreat Center

Permission to Administer Regular Medication

Please complete this form and return to the First-Aid representative at the registration area. No medications are allowed to stay with the camper unless medically necessary. If that is the case, this medication form will still need to be completed. Be sure your child has their medication before leaving the camp.

Last Name _____ First Name _____ MI _____

Age _____ Birthdate ____/____/____ Gender: Male Female

Name of Parents/Legal Guardian _____

Home Phone (____)____-____ Work (____)____-____ Cell(____)____-____

Emergency Contact Name _____ Phone(____)____-____

Doctor's Name _____ Phone (____)____-____

Current Medications _____

Instructions for administering medicine _____

Side Effects (if any) _____

Dietary Restrictions _____

Any Medicine that should not be given in conjunction with prescribed medication? Yes No

If you circled yes, please list _____

This information is correct so far as I know. I hereby give permission to the camp to administer prescribed medication to my child. IF complications arise due to the medication, I agree to pick up my child and take him/her to a doctor immediately upon notification.

Parent/Guardian's Signature Date

Medication Times Medication Should Be Given (Include AM/PM)

Medication	Times Medication Should Be Given (Include AM/PM)				
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					