

VIRGINIA CHURCH OF GOD YOUTH CAMP MEDICATION DISPENSING INSTRUCTION FORM

MAIL COMPLETED FORM TO CHURCH OF GOD YOUTH CAMP PO BOX 7547 ROANOKE, VA 24019.

CAMPER INFORMATION

Camper Full Name (First, Middle, Last, Suffix)	Gender:	Birthdate: (MM/DD/YYYY)	Age at start of camp:
Camp Attending:	<input type="checkbox"/> Female <input type="checkbox"/> Male	/ /	
Home Address:	City:	State:	Zip Code:

MEDICATION

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Please review camp instructions about required packaging/containers. Provide enough of each medication to last the entire time the camper will be at camp.

Name of Medication	Date Started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
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PARENTAL CONSENT

I hereby give Virginia Church of God camp officials permission to administer my child's medication described above.

Parent / Guardian Signature:	Date: / /
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