

Scheduled Medication Form

Parent: Please list the meds and dosage being given.

First Aid Provider: Under the day of the week, write the time meds were given and put your initials in the box.

Time of Day	Medication	Dosage	Monday	Tuesday	Wednesday	Thursday	Friday
AM / Breakfast							
Lunch							
PM / Dinner							
Bedtime							

Over the Counter Meds

Parent: We keep all the meds listed below on site. Please initial this box if you consent to them being given when needed.

Cross out any items not permitted to be given to your child.

(As Needed)

Benadryl, Calamine, Claritin, Cough drops, Hydrocortisone, Ibuprofen, Pepto Bismol, Tussin Cough, Tylenol, Clean/Neosporin & Bandage Cuts

Allergies:

This signifies that all medications brought to camp are prescribed by my child's doctor and labeled correctly:

Parent's Signature:

Camper's Full Name:

Office Use: Cabin # / Team Color:

Office Use: Counselor:

Office Use: First Aid Provider

Office Use: Medications returned to (signature):

Camper Last Name: _____

Release & Waiver: Please sign below

Parent Agreement:

I understand that my child is expected to participate in all activities, respect others, and obey camp rules. If my child is unable to participate in a safe and respectful manner, he/she may be asked to leave early. Refunds are not issued if my child leaves camp early for social, emotional, behavioral or health reasons.

I understand that CBM, its staff, agents, and insurance company are not responsible for medical treatment or liability resulting from physical conditions existing prior to my child's attendance at camp. I understand that there are inherent risks in all activities. While CBM of Virginia seeks to minimize risks through careful planning and supervision, accidents and illness may occur. I release CBM, its employees and agents, of all liability in the event of such an accident or illness. I authorize Children's Bible Ministries' staff or agents to act, as agent for me, to consent to any emergency medical treatment advised and supervised by a physician, surgeon, or dentist.

I understand that I am giving permission for my child to attend Camp Red Arrow. In the event of an emergency, if you are not able to reach me, a doctor or hospital has permission to treat my child. I also give permission for my child to participate in any and all activities not listed below during their week, even if they take place off camp property.

I have read the above statement. By signing below, I acknowledge and agree to these terms in sending my child to Camp Red Arrow.

Printed Parent or Guardian Name: _____

Signature

Date

Primary Phone Number

Secondary Phone Number