

BLAST Medication Form

Child's Name _____ Church _____

Medication _____

Reason for taking _____

Prescription medications will be dispensed according to Rx label directions and **MUST** be in original prescription containers.

Over the counter medication:

Dosage (with specific time taken) _____
AM _____ Noon _____ PM _____

Additional Information for Nurse _____

Parent Signature _____ Date _____

Please place ALL medications in a clear zip lock bag along with this form and give to your designated camp representative. **ALL** medications must be brought to the registration check-in area when camper arrives at camp. **Absolutely NO medications are to be left with the camper.**

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