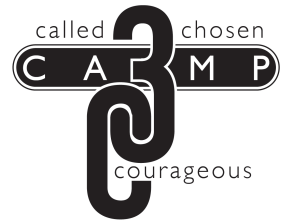


Medical Form Instructions:

1. Fill out entire form below.
2. Place form inside a zip lock bag with medications.
3. Turn in bag to the nurse at check-in upon arrival to camp.



THIS MEDICATION BELONGS TO _____

CAMPER'S CHURCH _____

PLEASE LIST MEDICATIONS AND DOSAGE

PARENT'S NAME _____

(_____) _____
DAY PHONE

(_____) _____
NIGHT PHONE

DOCTOR _____

DOCTOR'S PHONE _____