

# Anchor Church

## Medication Form 2026

This form must be filled out and turned in with your camper's medication to the nurse upon arrival. All **MEDICATION** brought to camp by a parent, guardian, or camper **MUST** be stored in the nurse's cabin and will be given out by the nurse. This includes but is not limited to all creams (not lotion), prescriptions, over-the-counter meds, vitamins, supplements, etc.

**CAMPERS NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**PARENT/GUARDIAN**

**NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**EMERGENCY CONTACT**

**NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING FOR EACH MEDICATION**

**MEDICATION NAME:**

\_\_\_\_\_

**DOSE:** \_\_\_\_\_

**# RECEIVED:** \_\_\_\_\_

**WHEN IS IT ADMINISTERED:** \_\_\_\_\_ **BREAKFAST** \_\_\_\_\_ **LUNCH** \_\_\_\_\_ **DINNER**  
\_\_\_\_\_ **BEDTIME** \_\_\_\_\_ **OTHER** \_\_\_\_\_ **AS NEEDED**

**HOW OFTEN TO BE GIVEN:** \_\_\_\_\_ **DAILY** \_\_\_\_\_ **2X DAY** \_\_\_\_\_ **AS NEEDED**

**MEDICATION NAME:**

\_\_\_\_\_

**DOSE:** \_\_\_\_\_

**# RECEIVED:** \_\_\_\_\_

**WHEN IS IT ADMINISTERED:** \_\_\_\_\_ **BREAKFAST** \_\_\_\_\_ **LUNCH** \_\_\_\_\_ **DINNER**  
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**RECEIVED FROM** \_\_\_\_\_ **RECEIVED BY** \_\_\_\_\_