

Camp Evangel Medication Form

Camper Name: _____

Camp Date: _____

Please list any allergies of the camper:

Allergy:	Treatment Needed:

Please provide the information below for the medicines administered at C.E.:

Medicines	Dosage	AM	PM	Other
1.				
2.				
3.				
4.				
5.				
6.				

Parent/Guardian Signature: _____