



## MEDICATION ADMINISTRATION FORM (Accompanies All Medications)

**All medications** must be accompanied by this authorization form and given to the church contact person who will be responsible for bringing all medication and forms to the TPCC office for review by our Medical Staff.

- Place all medications in a large Ziploc bag with your child's name and church name.
- Prescriptions must be in the original container with the campers' name and the current dosage.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- If your child/youth requires an asthma inhaler or antidote for insect bites or allergies (prescribed by doctor) have them bring at least two (2) to camp. The medication must be registered with our Medical Staff. One (1) will be kept and closely guarded by camper and one (1) given to the Medical Staff. Similar special cases must be discussed with the Medical Staff.

TPCC staff request that you **do not** send over-the-counter medications (i.e. Tylenol, Ibuprofen, Benadryl, etc). These types of medications are provided by TPCC).

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

Church Name: \_\_\_\_\_ Church City & State: \_\_\_\_\_

As the parent or legal guardian of the above-named child, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to my child.

**X** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Parents/Guardian Signature                      Date                      Daytime Phone #                      Evening Phone #

**OR**

As an Adult Camper/ Sponsor/Staff, I give my permission to the Trinity Pines Medical Staff to administer as prescribed by law the listed below medication to me during my stay at Trinity Pines Conference Center.

**X** \_\_\_\_\_  
 Adult Camper / Sponsor/Staff                      Date

Medication	Form (tablet, capsule, liquid, inhaler)	Dosage (amount to be given)	Frequency (how often)	Purpose	Comment or Special Instructions

If necessary, make additional copies of this blank Medication Form in order to provide requested information for each medication.