

# Medication List / Centri-Kid 2022

## All Campers Must Turn in form with Medical Release

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade Completed \_\_\_\_\_ Cabin #/Counselor \_\_\_\_\_

I give permission to the nurses of FBC Hendersonville to give my child Tylenol or Ibuprofen if needed while at camp

Parent Name \_\_\_\_\_ Cell Phone number \_\_\_\_\_

Allergies: \_\_\_\_\_

List Medication / dosage / time you would like meds given

Medication \_\_\_\_\_ Does this medication need to be refrigerated? Yes No \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ Does this medication need to be refrigerated? Yes No \_\_\_\_\_ Dosage \_\_\_\_\_ Time: \_\_\_\_\_

Medication \_\_\_\_\_ Does this medication need to be refrigerated? Yes No \_\_\_\_\_ Dosage \_\_\_\_\_ Time: \_\_\_\_\_

Medication \_\_\_\_\_ Does this medication need to be refrigerated? Yes No \_\_\_\_\_ Dosage \_\_\_\_\_ Time: \_\_\_\_\_

Medication \_\_\_\_\_ Does this medication need to be refrigerated? Yes No \_\_\_\_\_ Dosage \_\_\_\_\_ Time: \_\_\_\_\_

Additional information or instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nurse Notes:  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information? \_\_\_\_\_ check here and place on the back of this form.