



## HEALTH FORM (Page 2 of 2 Pages)

My child has the following PRESCRIPTION medication, which I will provide in its/their original container(s) in a sealed bag inscribed with my child's name and dosage instructions on the first day of camp.

MEDICATION	DOSAGE	FREQUENCY	ORDERED BY MD?	NOTE

My child takes the following OVER THE COUNTER medications, which I will provide in its/their original container in a sealed bag inscribed with my child's name and with dosage instructions on the first day of camp.

MEDICATION	DOSAGE	FREQUENCY	ORDERED BY MD?	NOTE

My child may take the following OVER THE COUNTER medication administered by KIDZ CAMP at Heritage Hills. I understand that the camp staff cannot administer any OTC medication without my permission.

MEDICATION	ROUTE	DOSAGE	COMMENT (PREFERENCE/CAUTIONS?)
TYLENOL	TAB	PER LABEL INSTRUCTIONS BY AGE/WEIGHT	
IBUPROFIN (MOTRIN)	TAB	PER LABEL INSTRUCTIONS BY AGE/WEIGHT	
BENEDRYL	TAB NO DYE= LIQUID	PER LABEL INSTRUCTIONS BY AGE/WEIGHT	
PEPTO-BISMOL	CHEWABLE TABLET	PER LABEL INSTRUCTIONS BY AGE/WEIGHT	
CHILDREN'S MYLANTA	CHEWABLE TABLET	PER LABEL INSTRUCTIONS BY AGE/WEIGHT	

**AGE:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I CERTIFY THAT I AM PROVIDING THE ACCURATE WEIGHT/AGE FOR THE ABOVE CHILD, SO IN THE EVENT KIDZ CAMP NEEDS TO DOSE BENADRYL/TYLENOL/ETC...THAT IT WILL BE DONE UNDER MY ABOVE GUIDANCE.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I believe my child is able to participate in all camp activities with the following restrictions and recommendations:

\_\_\_\_\_

PARENT/GUARDIAN NAME (Please Print): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_